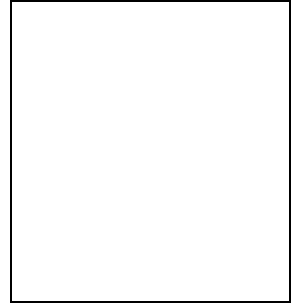


APPLICATION FOR DUPLICATE IDENTITY CARD

AMBEDKAR UNIVERSITY, DELHI

STUDENT

(Please Submit 2 passport size photographs with your name written on the back along with this form)



**PART 1:- To be filled by Student in BLOCK LETTERS**

1. Name of Student \_\_\_\_\_
2. Year of Admission \_\_\_\_\_
3. Programme of Study \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Residential Address \_\_\_\_\_  
\_\_\_\_\_
6. Blood Group \_\_\_\_\_
7. Emergency Contact Phone no. \_\_\_\_\_
8. Parent's/Guardian's Name \_\_\_\_\_
9. Category (Please tick the relevant one)

- |                       |                          |   |
|-----------------------|--------------------------|---|
| SC                    | <input type="checkbox"/> | 0 |
| ST                    | <input type="checkbox"/> | 1 |
| OBC                   | <input type="checkbox"/> | 2 |
| CWAP                  | <input type="checkbox"/> | 3 |
| Kashmiri Migrant      | <input type="checkbox"/> | 4 |
| General               | <input type="checkbox"/> | 5 |
| Physically Challenged | <input type="checkbox"/> | 6 |

**APPLICATION FOR DUPLICATE IDENTITY CARD**

10.	Male	<input type="checkbox"/>	M	/	Female	<input type="checkbox"/>	F
11.	Indian	<input type="checkbox"/>	N	/	Foreign	<input type="checkbox"/>	F
12.	Delhi	<input type="checkbox"/>	D	/	Outside	<input type="checkbox"/>	E

13. DD Amount : ₹ 50/-, DD Number:....., Dated: .....  
 Drawn on:.....
14. The School / Centre you are attached to

\_\_\_\_\_

Signature of Student

**PART – 2 FOR CONCERNED SCHOOL**

1. Year of Admission
2. Diploma/Degree  3. Schools
4. Duration of Programme:
5. Roll No.

Bar Code Allotted 

<b>S</b>									
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Checked By:	
Signature	

RECEIVED ID CARD

SIGNATURE OF STUDENT