

NED UNIVERSITY OF ENGINEERING & TECHNOLOGY



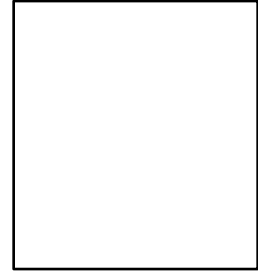
APPLICATION FOR DUPLICATE IDENTITY CARD

NAME OF STUDENT: _____

FATHER'S NAME: _____

CLASS: _____ 4. ROLL NO: _____ BATCH: _____

ADDRESS: _____



Note: Attach affidavit stating loss of original identity card.

SIGNATURE OF STUDENT

NO DUES CLEARANCE	
1 CONCERNED DEPARTMENT	3 PROVOST
2 LIBRARY	4 DIRECTORATE OF FINANCE

(For office use only)

The above named student has completed requirements for issuance of duplicate I.D. Card. If agreed, duplicate I.D. Card under the computerized signature of the Registrar may be issued to above mentioned Student.

Dy. Registrar (Academic)

Registrar:

I.T. Manager (R.O):

FOR BANK
RECEIVED Rs.510/-
ONLY

BANK STAMP