

**FORM FOR APPLICATION OF IDENTITY CARD**  
**FORMAT**

(To be filled in capital letters)

1. Name

2.  Father's  Husband's Name

3.  Employer/  Department

4. Present Address

Village

PO

PS

District

State

ARUNACHAL PRADESH

5. Permanent Address

Village

PO

PS

District

State

6. Identification Mark

7. Height

8. Colour of Eye

9. Have you previously held  
any I / Card ( If so give details )

Yes  No

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any state, I am liable for legal action.

Enclosed : Two nos. of Passport photograph.

Signature

date

CERTIFICATE TO BE GIVEN BY THE CONTROLLING OFFICER

( To be recommended only on completion of 2 (two) years regular service of Arunachal Pradesh Government employees only. )

Certified that  Shri /  Smti

son/  daughter/  wife of

is working in this establishment as

since

He/ She is a regular employee of this Department and his/her permanent home address as mentioned above is as per service book.

Signature

date

Name

Seal