



**IDENTITY CARD FORMAT**  
DOCTORS & EMPLOYEES & Staff Nurses.  
FAAMC&H, BARPETA

Photo  
1 copy

( FILL IN **BLOCK** LETTERS )

1.	NAME	
2	DESIGNATION	
3	DEPARTMENT	
4	FATHER's NAME	
5	Date of joining at FAAMCH	
6	Husband or wife name.	
7	House No.	
8	Ward No.	
9	Village Name	
10	Post Office.	
11	Police station.	
12	District Name	
13	Pin	
14	Date of Birth.	
15	Blood Group	
16	Identification Mark.	
17	Validity	
18	Issue I-card	
19	CONTACT NO	

Applicant Signature

**Documents Required:**

1. Appointant & Joining Letter & Office Order photo copy
2. Driving Licence / Blood Group Report photo copy
3. Aadhar photo copy