



राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली
NATIONAL INSTITUTE OF TECHNOLOGY DELHI
(शिक्षा मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

(An autonomous Institute under the aegis of Ministry of Education (Shiksha Mantralaya), Govt. of India)

**APPLICATION FORM FOR THE ISSUE OF ID CUM LIBRARY CARD
(FACULTY/STAFF)**

1. Full Name in **Block Letters** : _____
 2. Designation : _____
 3. Department : _____
 4. Father's Name : _____
 5. Date of Birth (DD/MM/YYYY) : _____
 6. Blood Group : _____
 7. Appointment Letter No. : _____
 8. Period of Contract/Deputation : _____
(In case of faculty/staff on contract/deputation)
 9. Employee Code : _____
 10. Date of Joining : _____
 11. Present Address : _____
State: _____ Pin Code: _____
 12. Permanent Address* : _____
State: _____ Pin Code: _____
- *To be verified from Establishment Section:** _____
13. Mobile No. : _____
 14. Emergency Contact No. : _____
(Mobile, Landline)
 15. Email ID : _____@nitdelhi.ac.in

Recent Passport
Size Photograph
of the Applicant

DECLARATION

I hereby declare that the above information is true and best of my knowledge. In case any information is found false I shall be personally responsible and liable for disciplinary action and decision taken against me by the Institute.

Signature of the Applicant

Date: _____

(Note: Please provide recent Passport Size Photograph of the Applicant in the JPG Format.)