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. Mother's Name : _____

6. Date of Birth (DD/MM/YYYY) :_____

7. Blood Group : _____

8. Appointment Letter No. : _____

9. Period of Contract/Deputation : _____
   (In case of Faculty/Staff on Contract/Deputation)

10. Employee Code : _____

11. Date of Joining : _____

12. Present Address : _____

    _____

    State: _____ Pin Code: _____

13. Permanent Address* : _____

    _____

    State: _____ Pin Code: _____

*To be verified from Establishment Section:_____

14. Mobile No. : _____   15. Emergency Contact No. : _____
16. Email ID : _____@nitdelhi.ac.in

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 & Signature of the Applicant in the JPEG Format.)

Recent Passport Size Photograph of the Applicant