

Guru Gobind Singh Indraprastha University

Dwarka Campus, Sec-16C, Dwarka, New Delhi-75
(General Administration Branch)

Dated: 25-05-2011

CIRCULAR

A new format of Identity Card is enclosed. The same can also be downloaded from the University website. All employees are requested to kindly fill the revised new form for Identity Card. The old form for issue of Identity Card will not be accepted.

This issues with the approval of the competent authority.

(A.K. Verma)
Joint Registrar (GA)

Copy to:-

1. Dean USBT
2. Dean USIT
3. Dean USLLS
4. Dean USMS
5. Dean USBAS
6. Dean USAP
7. Dean USEM
8. Dean USHSS
9. Dean USCT
10. Dean USE
11. Dean USMC
12. Director Research & Consultancy
13. Director Centre for Disaster Management Studies
14. Director Legal Aid Cell
15. Director Organisation & Development
16. Director Academic Affairs
17. Director Project Monitoring Cell
18. Director International Affairs
19. Director Students Welfare
20. Principal IGIT
21. Controller of Finance
22. Controller of Examination
23. Librarian
24. Chief Engineer
25. JR (General Admin.)
26. JR (Affiliation)
27. JR (Academic)
28. JR (Co-ordination)
29. DR (Store)
30. DR (Planning)
31. DR (Pers.)
32. ADR (Purchase)
33. AR (IGIT)
34. Chairman UCITIM (with request to upload the same on University website)
35. PRO
36. Warden Boys Hostel
37. Warden Girls Hostel
38. Dispensary

(A. K. Verma)
Joint Registrar (GA)



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector-16C, Dwarka, New Delhi-110 075

Form for Issue of University Identity Card

(see notes below before filling)

1. Name : _____
(in capital letters)

2. Father/Husband's Name: _____

3. Designation: _____

4. Employee Code: _____

5. Nature of Appointment:
Please Tick: (a) Regular (b) Contractual (c) Deputation

6. Posting (Department/School) : _____

7. Date of Birth: _____

8. Date of Joining: _____

9. Date of Issue: _____
(of previous Identity Card, if any-enclose photocopy)

10. Validity of previous Identity Card: _____
(DD/MM/YYYY)

11. Residential Address : _____
(as per office records)

12. Phone No. (off.) _____ (Res.) _____ (Mob.) _____

13. Blood Group: _____

14. Mark of Identification: _____

15. Name of Person & Phone No. _____
to be contacted in case of Emergency:

Signature of Dean/HOD
with date & seal

Signature of Employee
(with date)

16. Verification by Personnel Branch

Certified that all endorsements given above are correct as per University records. Identity Card may be considered to be issued for a period of ____yrs. ____months.

Date: _____

(Incharge Personnel Branch)

Notes:

1. Enclose the copy of Appointment Letter issued/any other relevant documents from the University in case of fresh appointment/change of designation/promotion etc.
2. In case the renewal of previous Identity Card is sought, the previous Identify Card will have to be surrendered at the time of issue of new Identity Card. Enclose photocopy of previous Identity Card.
3. If the previous Identity Card is lost, original copy of FIR need to be enclosed.
4. Before submission of this form to General Administration Branch, necessary verification from Personnel Branch be taken in the space provided above.