



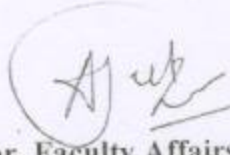
डॉक्टर हरीसिंह गौर विश्वविद्यालय, सागर (म.प्र.)
DOCTOR HARISINGH GOUR VISHWAVIDYALAYA, SAGAR (M.P.)
(केन्द्रीय विश्वविद्यालय / A Central University)

No./DoFA/2024/ 3637

25, January, 2024

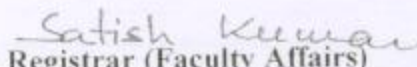
OFFICE ORDER

It is notified for those faculty members who intend to get a university Identity Card may please furnish their details in the attached proforma to the office of the Director of Faculty Affairs, on or before 31-01-2024.


Director, Faculty Affairs 25/1/24

Copy for information and necessary action to:

1. All Heads of the Departments - with a request to bring it to the notice of teachers working in their departments.
2. PA to VC – for information of Hon'ble VC please.
3. PA to Registrar.
4. Personal File/Guard File.


Deputy Registrar (Faculty Affairs)

DR. HARISINGH GOURVISHWAVIDYALAYA, SAGAR M. P.
IDENTITY CARD DETAIL FORM

PLEASE FILL IN CAPITAL LETTER कृपया अंग्रेजी के बड़े अक्षरों में साफ भरें
हिन्दी एवं अंग्रेजी दोनों भाषा में भरें

IC NO.

नाम हिन्दी में:-	
नाम अंग्रेजी में:-	
पदनाम English में:-	
पदनाम हिन्दी में:-	
DATE OF BIRTH:-	BLOOD GROUP
MOBILE NO. :-	
ADDRESS :-	
English	
email:-	



Photo

काई धारक अपने हस्ताक्षर करें Signature Applicant

Signature Authority
अधिकारी हस्ताक्षर