

**INSTITUTE OF PATHOLOGY
SAFDARJANG HOSPITAL CAMPUS
NEW DELHI**

(Form for issue of identity Card)

Two Passport size
latest photograph

Card _____
for Temporary Project Staff only)

1. Name :
2. Designation :
3. Name & Duration of Project :
4. Residential Address :
5. Residential Tel.No., if any :
6. Blood Group :
7. Appointment letter No. & Date :
(A copy of the letter may be enclosed)

Signature of Applicant

Signature
Officer-in-Charge
(Project)