Sl No.

GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DEPUTY COMMISSIONER
ANJAW DISTRICT :: HAWAI
JAN SUVIDHA :: HAWAI

APPLICATION FORM FOR IDENTITY CARD

(To be filled by the applicant)

Attach Two Passport Size Photos

(New ☐ Renewal ☐ Duplicate ☐) [Tick applicable box]

1. Full Name of applicant

2. Father's/Husband's Name

3. Permanent Address

Village / Sector
Post Office
Police Station
District
State Pin Code

4. Locality Address

Village / Sector
Post Office
Police Station
District
State Pin Code

5. Designation: - .....
6. Appointment Order No: .....
7. Date of joining in Service
8. Office / Department: _____
9. Place of Posting : _____
10. Date of Superannuation:_____
11. Date of Birth: _____
12. Job Type : Permanent ☐ Semi Permanent ☐ Contract ☐
13. Contact No : _____
14. Height :_____(cm)
15. Blood Group :_____
16. Colour of eye :_____
17. Identification Mark: _____

For Renewal and duplicate Cases:-

18. Original Card No:_____ Dated _____

I do hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

Remarks and recommendation of Controlling Officer of Concerned Department with Seal

Signature of Applicant
Name

Enclosure:

1. Old Identity Card /Appointment Order
2. Aadhaar Card.
3. Stamp size Photo -2 Nos.