

Government of India
 Ministry of Communications
 Department of Telecommunications
 Controller General of Communication Accounts
 NICF Campus, Acharya Tulsi Marg,
 Ghitorni, New Delhi- 110047

IDENTITY CARD FORM

Part-1
 (To be filled by Applicant)

1.	Type of Identity Card	Category of Employee	
	Central Government	Regular/ Deputation/ Contract basis	
2.	Name of Applicant (In capital letter)		
3.	Designation		
4.	Date of joining		
5.	Pay level		
6.	Pay in Pay Level		
7.	Blood Group		
8.	Aadhar No.		
9.	Date of Birth		
10.	Telephone No.	Mob:	Off:
11.	Father's/Husband Name		
12.	Date of superannuation		
13.	Residential Address		
14.	Mark of Identification		
15.	Gazetted/Non-Gazetted		
16.	Reason of Issue		
	(i) Renewal	(ii) Loss	(iii) Change in designation
	(iv) Fresh Appointment	(v) Transfer	(vi) Any other specified

I, Certified that the aforesaid information is correct

Date:.....

Signature of Applicant

(FOR OFFICE USE)

The particulars furnished by the officer are correct as per the service records of the officer.

Asstt. Accounts Officer

Office of CGCA, NICF Campus,
Ghittorni, New Delhi-110047

File No. CGCA-1 Card

Date:

Signature of Applicant

Signature of Issuing Authority