



SWAMI ATULANAND HINDU MAHAVIDYALAY

Parmanandpur, Shivpur, Varanasi 221002

APPLICATION FOR DUPLICATE IDENTITY CARD

Name of Student:		Enrollment No.:	
Fathers Name:		Address:	
Course/Programme:		Batch :	
Mobile No.:		Session:	

Reason for requesting Duplicate ID Card:

☐ Lost ☐ Damaged ☐ Stolen ☐ Name/Details correction ☐ Other: _____

Details / explanation:

I request the College to issue me a duplicate Identity Card. I undertake to use the card responsibly.

Date: _____

Student Signature: _____

Office Verification: _____

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Principal/Authorized Signature: _____