रीजनल इंस्टिट्यूट ऑफ पेरामेडिकल एन्ड नर्सिंग साइंसेज
REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES
(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत संस्थान)
(An Autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)
RIPANS
ज़ेमाबोक, आईज़ोल, मिज़ौरम - 796017
Zemabawk, Aizawl, Mizoram - 796017

(For office use only)
Application No._____

APPLICATION FOR ISSUE/RE-ISSUE OF IDENTITY CARD

Name *(Capital letter)*:_____

ID No.:_____ **Designation:** _____ **Department:**_____

Joining Date:_____ **Date of Birth:**_____ **Blood Group**:_____

Identification Mark:_____

Email: _____

Permanent Address: -*H.No.:* _____ Street*/Locality:* _____

District: _____ *State:* _____

PINCODE: _____ *Date:* _____ *Phone No.*:_____

SELF DECLARATION

I certify that the information given above is true to the best of my knowledge. I understand that misuse of this ID Card is punishable and it is the Institute rights to cancel the ID card at any instant if found any illegitimate practice.

(Counter Signed by HOD/Section Head)
(Signature with Date)

Signature of the Applicant
(Signature with Date)

ID Issue(₹ 100)/Reissue Fee(₹ 200) payment amount: ₹ _____ Payment receipt/reference no:_____

Merchant Name: Director RIPANS CORPUS FUND
UPI: direct31236@barodampay

Note: *(i) Old ID-Card to be submitted along with the application.*
(ii)For Guest Faculty/Staff, appointment order copy to be enclosed along with the application form.
(iii)New ID Fee (₹100/-), ID Re-Issue Fee (₹200/-) to be deposited/transfer in Institute Bank Account.
AC Name: Director RIPANS; AC No: 30800100002790;IFSC: BARB0RIPANS *(fifth character is zero)*

Approved: ☐

Rejected: ☐

Reason (If any):……
……

(Director, RIPANS)

Note: This form should be submitted to Computer Centre, Academic III, after obtaining approval of Director)