

RANI DURGAVATI VISHWAVIDYALAYA JABALPUR (M.P.)



IDENTITY CARD

Name

Father's/Husband Name

Date of Birth

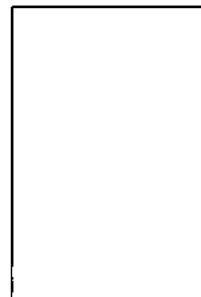
Class

Enrolment No

Department

Date of Issue

Valid Upto



Signature of Student..... Head of Department

With seal

BACK SIDE

Permanent Address.....

.....

Blood Group.....

Contact Number.....

Name & Contact No. Local Guardian.....

.....

Email.Id.....

