

Application for issue of Duplicate IDENTITY CARD

1. Applicant's Address

Name: _____ (In Block letters)
Address _____ _____
Pincode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. Learning center's Address

LC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name: _____ Address _____ _____
Pincode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. Roll Number

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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4. Tel No (with STD code)

<input type="text"/>

5. Email

<input type="text"/>

6. Reason (Indicate briefly the reason for obtaining duplicate ID card)

<input type="text"/>

7. Details of fees paid

DD No	DD date	DD Amount (Rs)
Bank name :	Payable at Manipal / Udupi	

Note: The payment of Rs.300/- should be made in the form of Demand Draft payable at Manipal / Udupi.

Following documents are attached:

Affidavit as per university specimen duly certified by Notary Public

DD

Place:

Date:

Signature of the candidate

8. Applicant's address to which the ID card to be dispatched

For Office Use
Verified by <input type="text"/>
Documents <input type="text"/>
Approved for issue <input type="text"/>
Dispatched on References

Name: _____ (In Block letters)
Address _____ _____
Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Application with documents must be sent to:

Sikkim Manipal University, DE
Syndicate House, I Floor,
Manipal-576104
Phone-0820-4297100

FORMAT OF THE AFFIDAVIT (Non Judicial Stamp paper)

I, _____ (name of the student) _____ deponent,
son/ daughter of _____ aged _____
residing at _____

solemnly affirm and state as follows:

1. I state an oath that I am pursuing _____ (course) with Reg. No. _____ at Sikkim Manipal University of Health, Medical & Technological Sciences.
2. I say that I have lost the original ID card issued by the university. I hereby attach the copy of FIR lodged with the police/(other forms of complaints lodged if any)
3. I say that in spite of diligent search, I am unable to trace the original ID card and hence it is considered as lost. If traced, I will surrender the same before the University.
4. I say that I have not misused the same and I shall not misuse the same if recieved.
5. It is therefore necessary that on the strength of this affidavit duplicate ID card may be issued to me by the University.
6. The above mention statement of mine is true & correct.

Signature of the DEPONENT

Solemnly affirmed and signed before me on this day of _____
_____ Dt _____

Seal & Signature with Address

& Reg. No. of the Notary