



राष्ट्रीय प्रौद्योगिकी संस्थान अगरतला
NATIONAL INSTITUTE OF TECHNOLOGY AGARTALA

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For office use only
Sl. No.
Date

To

The Deputy Registrar Academic
NIT Agartala

Request to issue an identity card for the reason

First time issue Existing card expired Existing card lost Existing card damaged

1	Name	
2	Enrollment Number (for students only)	
3	Registration Number (for students only)	
4	Employee code number	
5	Semester (for students only)	
6	Designation (for employee only)	
7	Department (For employee only)	
8	Mobile Number	

I declare that I have filled up all the detail in my personal profile including the following mandatory information (please tick for confirmation)

<input type="checkbox"/> Name	<input type="checkbox"/> DOB	<input type="checkbox"/> Fathers name	<input type="checkbox"/> Identification mark
<input type="checkbox"/> Present address with Police station	<input type="checkbox"/> Permanent address with Police station	<input type="checkbox"/> Contact number(Mobile number)	<input type="checkbox"/> Emergency Number
<input type="checkbox"/> Email ID	<input type="checkbox"/> Height in cm	<input type="checkbox"/> Blood Group	<input type="checkbox"/> PH status

Signature of the Applicant

The contract period of the employee expires on _____

HOD/HOS

For official use only:

Expired/Damaged card submitted A copy of the GD for lost card
A sum of Rupees _____ has to be paid by the applicant towards reissue of lost/damaged cards.

Dean Academic/Registrar

A sum of Rupees _____ has been paid by the applicant towards reissue of lost/damaged cards.

Office Assistant (Academic Section)