

# Sikkim Manipal University

## Data Required for Employee's Identity Card

(Please fill in all required information in CAPITAL LETTERS and leave a gap between two words)

UNIT (SMU/SMIMS/SMIT/CRH)	<input type="checkbox"/>	NEW	<input type="checkbox"/>	RELACEMENT	<input type="checkbox"/>	LOST	<input type="checkbox"/>	PROMOTION	<input type="checkbox"/>
Employee code									
Name									
Designation									
Department									
Sex(Tick)	Male	Female		Marital status					
Permanent Adress									
Current Adress									
Phone No.									
Mobile No.									
Date of Birth								Blood Group	
Date of Joining								Card SLNO	
E. mail ID									
CRH Hospital No									
CRH Medicare No(Existing)									
Card Holder Signature								Photo	

Card Receiver Signature