## **Sikkim Manipal University**

## **Data Required for Students/Intern Identity Card** (Please fill in all required information in CAPITAL LETTERS and leave a gap between two words) UNIT (SMU/SMIMS/SMIT) NEW RELACEMENT LOST BILL NO(if any) Registration no Name Male **Female Marital status** Sex(Tick) Course **Permanent Adress** PIN **Current Adress** PIN Parents Phone No. Mobile No. **Date of Birth Blood Group Date of Admission Card SLNO** E. mail ID **CRH Hospital No** Library Member ID **Photo** Card Receiver Signature / Date