Goenka Research Institute of Dental Science
Pethapur - Mahudi Road, Near G.G.S, Piplaj,
Gandhiangar 382610

Identity Card Form for Student

FULL NAME: (IN CAPITALS)

FIRST MIDDLE LAST

FATHER'S NAME: (IN CAPITALS)

FIRST MIDDLE LAST

DATE OF BIRTH: D D M M Y Y

Blood Group:

ADDRESS:

PINCODE:

TELEPHONE: (R)

- **Please fill up the form properly.**
- Write within the boxes only. Do not overwrite.
- Submit this form immediately to get your ID card.
- In case of any doubt, leave space blank.

DATE: ___/___/_____

Signature of the Candidate

(Please sign Within the box)

PLEASE PASTE PHOTOGRAPH HERE

(DO NOT STAPLE)