

**MES ACADEMY OF MEDICAL SCIENCES, PERINTHALMANNA**

**DEPT: OF MEDICAL EDUCATION**

**APPLICATION FOR ORIGINAL IDENTITY CARD FOR STUDENTS**

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**NAME OF THE STUDENT (CAPITAL LETTERS):**

**COURSE & BATCH WITH YEAR :**

**STUDENT ADMISSION NUMBER :**

**BLOOD GROUP :**

**DATE OF BIRTH :**

**PERSONAL CONTACT NUMBER :**

**PERSONAL ADDRESS :**

**PERSON TO BE CONTACT IN CASE OF  
EMERGENCY (NAME WITH PH NUMBER) :**

**SIGNATURE OF STUDENT :**

**APPROVAL OF THE COMPETENT AUTHORITY**

**DEAN/ PRINCIPAL/ COURSE DIRECTOR**

