

राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान गुवाहाटी NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH GUWAHATI



Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Govt. of India

APPLICATION FORM FOR IDENTITY CARD NIPER (STUDENTS)

Name (CAPITAL LETTER)		
Discipline	·	Photograph
Department	:	
Present Resident Address	:	
(CAPITAL LETTER)		
	Pin Code	
	Res. Phone:	
Permanent Residence Addres	s :	
(CAPITAL LETTER)		
	Pin Code	
	Res. Phone:	
Blood Group		
Date of Birth	:	
E-mail Address	:	
Date of Joining	:	
Date of Application	:	
Dean (I/C)/HoD	Signature of the Studen	nt with date
(For Office Use Only)		
New Renew	Old I-Card No.	
I-Card No. (e.g. : DEP/NN/Y	YYY) :	
Valid Upto	:	
Issuing Date	······	