ID INFORMATION FORM

(ALL INFORMATION SHOULD BE WRITTEN IN BLOCK LETTER)

Photograph (2 x PP Size)

ID NUMBER:

ID TYPE: O PROVISIONARY/O PERMANENT

FULL NAME:

DESIGNATION: DEPARTMENT:

JOINING DATE: COMP.

BLOOD GROUP:

COMPANY:

EMERGENCY PHONE:

NAME OF ORGANIZATION: NITOL NILOY GROUP

Signature of the Employee

Signature of the Director / CBO / HOD

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