

# ID INFORMATION FORM

(ALL INFORMATION SHOULD BE WRITTEN IN BLOCK LETTER)

Photograph  
(2 x PP Size)

ID NUMBER: ID TYPE:  PROVISIONARY/ PERMANENT  
FULL NAME:  
DESIGNATION: DEPARTMENT:  
JOINING DATE: COMPANY:  
BLOOD GROUP: EMERGENCY PHONE:

NAME OF ORGANIZATION: NITOL NILOY GROUP

\_\_\_\_\_  
Signature of the Employee

\_\_\_\_\_  
Signature of the Director / CBO / HOD

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