



OSMANIA UNIVERSITY

ID-CARD APPLICATION FOR RESEARCH SCHOLARS/PG STUDENTS

(To be filled in Capital letters)

Roll Number

Hostel/Mess Number

PHOTO

Name of the candidate:

Signature

Father's Name:

Name of the College:

Date of Admission

Course

Department

Faculty

Gender

M	F
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Sex

Date of birth

DAY

MONTH

YEAR

Hostel Address:

Permanent Address:

Contact Telephone Nos.:

DEAN OF THE FACULTY

PRINCIPAL OF THE COLLEGE

FOR OFFICE USE ONLY

Name of the Verifying Officer		Signature of Verifying Officer	
Card generated on			
Date of issue			
RECEIPT			
Received ID Card.			
Date : - -20			Receiver's Signature