

## PROFORMA FOR IDENTITY CARD

- |                           |   |   |
|---------------------------|---|---|
| 1. NAME                   | : |   |
| 2. DESIGNATION            | : |   |
| 3. EMP. ID. NO.           | : |   |
| 4. DATE OF BIRTH          | : |   |
| 5. DATE OF ISSUE          | : |   |
| 6. DATE OF VALIDITY       | : |   |
| 7. OFFICE PHONE NO.       | : |   |
| 8. OFFICE E-MAIL ID       | : | <u><a href="mailto:agaemaharashtra2@cag.gov.in">agaemaharashtra2@cag.gov.in</a></u> |
| 9. ADDRESS                | : |   |
| 10. ADHAR NO.             | : |   |
| 11. PHONE NO./MOBILE NO.  | : |   |
| 12. PAN NO.               | : |   |
| 13. EMERGENCY CONTACT NO. | : |   |
| 14. BLOOD GROUP           | : |   |
| 15. DRUG ALLERGY          | : |   |
| 16. BLOOD SUGAR           | : | YES/NO  |
| 17. SIGNATURE             | : |   |