

**Form for Replacement ID Card or Extra ID Card**

**ID CARD SLIP**

No. of Extra ID Cards : \_\_\_\_\_  
Payment made Rs \_\_\_\_\_  
(for office use only)

Regd. No : \_\_\_\_\_ Class : \_\_\_\_\_ Sec : \_\_\_\_\_ Roll: \_\_\_\_\_

Name (in Block letters) : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Contact No. (Mobile) : \_\_\_\_\_ (Land Line): \_\_\_\_\_

Blood Group : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Bus Stop : \_\_\_\_\_ Bus No : \_\_\_\_\_

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Parent's Name

Date : \_\_\_\_\_

Parent's Signature