

LOCATION: _____

Request for ID Card
Details to be furnished by the Employee in BLOCK LETTER ONLY

Name of the Employee : _____

Employee Type : _____

Employee's Portal ID : _____

Employee's Synergy ID : _____

Blood Group : _____

Emergency Contact No : _____ Relationship : _____

Date of Joining : _____

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Glossy Passport Size Photo With
White Background Only
NO POLAROID PHOTOS PLEASE

Employees Signature
Signature NOT TO TOUCH THE BOXLINE