



**Name :** {NAME}

**Designation** **:** {POSITION}

**Contact :** +91 {CONTACT}

**Email :** {EMAIL}

**E-Code :** {ECODE}

**Address :** {ADDRESS}

Authorized Signature

Father’s Name : {FATHER}

Date Of Birth : {DateOB}

Date Of Joining : {DateOJ}

Date Of Expiry : {DateOE}

Adhar Number : {ADHAR}

Blood Group : {BLOOD}

# DAKSHI FOUNDATION ID CARD DISCLAIMER:

 This ID card issued by Dakshi Foundation is intended for official identification purposes only and should be presented when required for company-related activities.

 The Dakshi Foundation ID card remains the property of the organization and must be returned upon termination of association with the company or upon request.

 Dakshi Foundation shall not be held liable for any loss, damage, or consequences resulting from the misuse or unauthorized use or violation of company policies of the ID card.



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