



EASTERN UNIVERSITY, SRI LANKA

APPLICATION FORM FOR UNIVERSITY IDENTITY CARD

01. **Full Name** Prof./ Dr./ Mr./ Miss./ Mrs. :
02. **Permanent Address** :
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03. **Date of Appointment** :
04. **New Appointment/ Extension** :
05. **Date of Assumption of Duties** :
06. **Designation** :
07. **Department** :
08. **National Identity Card No.** :
09. **Date of Birth** :
10. **Gender** : Male / Female
11. **Civil Status** : Married / Unmarried

Date :
Signature of Applicant

Recommended & Forwarded

Date :
Head/ Dept. of

To : PF Clerk, Please check with records and certify, if correct

Date :
Snr. Asst. Registrar/ Estabs

I certify that the above information furnished by the Applicant are correct/ incorrect according to the Personal File records.

Date :
PF Clerk/Etabs Branch

Card No. :
Date of Issue :

FOR OFFICE USE ONLY

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Subject/ Identity Card Issue **Snr. Asst. Registrar/ Estabs**

Identity Card is Received by me on **at**

Name of Receiver :

Signature of Receiver :