



ICAR-CENTRAL RESEARCH INSTITUTE FOR JUTE & ALLIED FIBRES

(Indian Council of Agricultural Research)

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CIRCULAR

Consequent upon expiry of validity of Identity Cards issued to all the employees of this Institute, new Identity Cards are to be issued. All the officers and staff members are hereby requested to provide necessary information as per enclosed proforma. The same may be submitted to Sri Kamal Kumar Banik, Documentation Staff, CRIJAF Library, within three days from the issuing date of this Circular. Delay in submission the information will liable to get delayed the new Identity Card. One passport size photograph may also be affixed with the filled in proforma.

Encls.: As above.


Asstt. Administrative Officer
Admn.I 01.01.18

Copy for information and necessary action to :-

1. All Head of Division/Sections, ICAR-CRIJAF, with a request to inform all the officers and staff members to act accordingly.
2. Mr. Kamal Kumar Banik, Documentation Staff(T-2), CRIJAF Library, ICAR-CRIJAF.
3. All Scientist Incharges/Incharges, CRIJAF Sub-Stations.
4. The I/C, KVK, Bud Bud, Burdwan, W.B.
5. The Finance & Accounts Officer, ICAR-CRIJAF.
6. The AAO/DDO, ICAR-CRIJAF.
7. The Incharge, AKMU, ICAR-CRIJAF, with a request to upload the circular in the CRIJAF website alongwith the proforma.
8. PS to Director, ICAR-CRIJAF.
9. PA to CAO, ICAR-CRIJAF.

भाकृअनुप-केन्द्रीय पटसन एवं समवर्गीय रेशा अनुसंधान संस्थान
ICAR-CENTRAL RESEARCH INSTITUTE FOR JUTE & ALLIED FIBRES
(भारतीय कृषि अनुसंधान परिषद)

(Indian Council of Agricultural Research)
बैरकपुर, कोलकाता-700 120 : पश्चिम बंगाल
BARRACKPORE: KOLKATA-700120 : WEST BENGAL

PHOTO

पहचान-पत्र प्रपत्र (फॉर्म)
IDENTITY CARD FORM

नाम / Name : _____
(बड़े अक्षरों में/In Block Letters)

पदनाम / Designation : _____

अनुभाग / प्रभाग / Section/Division : _____

रुधिर-वर्ग / Blood group : _____

जन्म तिथि / Date of birth : _____
(दि.दि / म.म / वववव) / (dd/mm/yyyy)

आवासीय पता / Residential address : _____

आवासीय टेलीफोन न० / Residential Phone no. : _____
(यदि कोई हो / if any)

परिचय पत्र संख्या / ID Card Number : _____

सेवानिवृत्ति की तारीख / Date of Retirement : _____

हस्ताक्षर / Signature

- * इस प्रपत्र (फॉर्म) के साथ एक प्रति पासपोर्ट आकार का फोटो संलग्न करें। /
- * One copy of passport size photograph to be attached with this form.
- ** इस प्रपत्र (फॉर्म) को उचित माध्यम द्वारा प्रस्तुत किया जाए। /
- ** Form may be submitted through proper channel.