



GAUTAM BUDDHA UNIVERSITY

Bodhisattva Dr. B. R. Ambedkar Library

ID Card Form

(For Faculty/Staff Only)

(Please fill up the form in Block Letters)

Colour
Photograph
(Please don't
staple)

1. Employee ID No. :
2. Full Name (Prof.or Dr.):
3. Father's Name :
4. Date of Birth :
5. Gender M/F :
6. Blood group :
7. Department/School:
8. Designation :
9. Subject Specialization (Faculty Only):
10. Date of Joining :
11. Home Address (with Pin code):
-
-
-
12. Email. ID. :
13. Mobile No. :
14. Emergency No. :
15. Phone No. :

(Employee Sign.)

Date:

(Dean/HOD Signature)
With stamp

(Registrar Signature)
With stamp