

HARYANA CIVIL SECRETARIAT

63



PROFORMA FOR ISSUANCE OF NEW ICARD FOR EMPLOYEES

NAME	
FATHER'S NAME	
SEX [M/F]	
DESIGNATION	
GROUP [A,B,C,D]	
DATE OF BIRTH	DD / MM / YYYY
BLOOD GROUP	
BASIC PAY	
GPF NO.	
DATE OF JOINING	DD / MM / YYYY
DATE OF RETIREMENT	DD / MM / YYYY
RESIDENCE ADDRESS	
TELEPHONE No. (Off.)	
TELEPHONE No. (Res.)	
MOBILE No.	
EMAIL ADDRESS	

DEPENDENT DETAILS
(for HARYANA GOVT.
ONLY)

S.No.	Name	Age	Relation
1.			
2.			
3.			
4.			
5.			
6.			

Signature of Applicant

Recommending Authority with seal

FOR OFFICE USE ONLY

ICARD NO.	/ YYYY
ICARD CATEGORY	F.C. [], IAS,HCS, CLASS I [], CIVIL SECTT. EMPLOYEE [], ENTRY PASS []
DATE OF ISSUE	DD / MM / YYYY
DATE OF EXPIRY	DD / MM / YYYY

[ISSUING AUTHORITY]
Signature with Seal