



ALLIANCE UNIVERSITY

Private University established in Karnataka State by Act No.34 of year 2010
Recognized by the University Grants Commission (UGC), New Delhi

STUDENT DUPLICATE ID CARD REQUEST APPLICATION FORM

Date: _____

Student Name: _____

Library ID No. _____ Prov. / Prmnt. Reg. No. _____

School / College: _____

Course: _____ Batch/Year _____ Semester _____

Phone Number: _____ Email Address: _____

Brief details of loss: _____

Address: _____

Student Signature: _____

For Office Use:

Signature Librarian	Signature Students Support Service
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Payment Information: (For Replacement of ID card)

ID Card : Rs.300.00

Tag : Rs.50.00

Holder : Rs.50.00

Receipt No: _____ Date: _____	Signature: Accounts Dept.
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ID card Issued on: _____

Received on: _____

Signature _____

Student Signature: _____

NOTE: 1) The Student must collect the identity card within **7days** from date of Application.

2) Upon the acceptance of the paid receipt, a minimum of **three working days** is required issue the new ID card.

---Thank you for your cooperation---