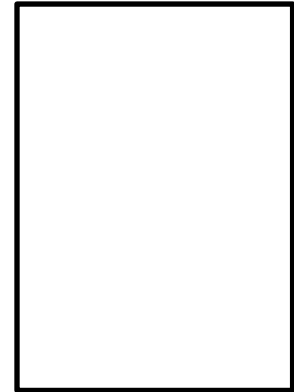




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SERVICE CARD RENEWAL FORM

1. Name: _____
2. F/Name: _____
3. Designation: _____
4. Department: _____
5. Changes (if any): 1) _____
2) _____
3) _____



Applicant's Signature

**Head/In-charge / Director of
Department / Center / Institute
(Official Seal)**