## **Application for ID Card**

		Date:
То		
The Director / Dean Sri Manakula Vinayagar Medica Puducherry.	al College and Hospital	<u>l</u> ,
Respected Sir,		
Sub: Request for issue nev	w ID Card – Reg.	
	* * * * *	
I have lost my ID Card, so I	request you to issue m	e new ID Card.
My details are as follows.		
Name:		
Course:	Year:	Semester:
Receipt No:	Amou	nt paid:
Thanking you,		
Yours Sincerely,		
Name & Signature of student		Director / Dean