

CENTRAL LIBRARY:: KITS, WARANGAL – 506 015
REQUEST FOR INDENTITY CARD
(NEW / DUPLICATE)

Photo

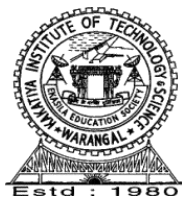
For Student:

Name : _____
(Capital Letters)
Roll No. : _____
Blood Group : _____
Class : _____ **Branch** : _____
Challan No. : _____ **Date** : _____ **Amount:** : _____
Mobile No : _____
Address : _____

Sign. of the Candidate

Dean Academic

LIBRARIAN



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Photo

FOR STAFF:

Name : _____
(Capital Letters)

Staff ID No. : _____

Blood Group : _____

Designation : _____ **Department:** _____

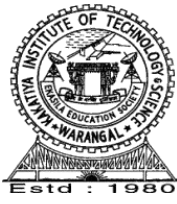
Mobile No : _____

Address : _____

Sign. of the Staff

Administrative Officer

LIBRARIAN



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Photo

FOR FACULTY :

Name : _____
(Capital Letters)

Staff ID No. : _____

Blood Group : _____

Designation : _____ **Department:** _____

Mobile No : _____

Address : _____

Sign. of the Faculty

Registrar

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