

Napaam, Tezpur, Assam - 784028

## APPLICATION FOR RE-ISSUING IDENTITY CARD [DEPARTMENT / COURSE CHANGE REQUEST]

Affix Your recent Passport Size Photograph

To, The Controller of Examinations, Tezpur University		Roll No.:	
Sir,			
I wish to re-app	ly for the <b>University Sma</b>	rt ID Card as I have	changed my existing
course		(Roll Number/ Na	me of the Department)
with		(Pr	ogramme /Course) in
the <b>Department of</b>		I agree to	abide by the rules and
regulations while utilizing	the services and facilities appr	ropriately.	
Name: [in BLOCK letters]			
Date of Enrolment (dd/mm/yyy):		ABC ID:	
Correspondence Address			
	Distt.:	State:	Pin Code:
Permanent			
Address	Distt.:	State:	Pin Code:
Email Address: (preferrable institute email id)		Mobile Number:	
I hereby declare that	t all the above information given by m	e is true and correct to the best	of my knowledge.
Recommended By (Dean/ H.o.D/ In-charge) (Signature of the (Seal & Sign)		nature of the Applicant)	
Date:			Date:
(Fill thi	[FOR OFFICE US s section during receiving yo		Card)
Received By:		Date:	
Remarks (if any):-			

**Controller of Examinations**