

FORM FOR I-CARD OF EX-EMPLOYEES OF ASSAM
LEGISLATIVE ASSEMBLY

Name :

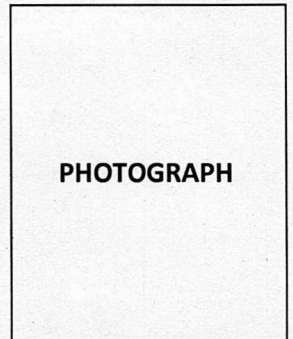
Period of Service :

Date of Birth :

Blood Group :

Contact Number :

Address :



Vehicle(if any) :

(Xerox copy of RC and DL to be attached)

Specimen Signature :

