



**UNIVERSITY OF CALICUT**  
**DIRECTORATE OF RESEARCH**  
**(FORM - X)**

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**APPLICATION FORM FOR IDENTITY CARD FOR Ph.D. RESEARCH SCHOLARS IN THE  
UNIVERSITY TEACHING DEPARTMENTS**

Name of the Research Scholar	
Name of the Department	
Name of the Research Supervisor	
Admission Number	
Registration Order Number and Date (Attach copy)	
Mode of Research ( Full-time / Part-time )	
Period of Registration	
Permanent Address (in block letters)	
Phone No.	
Email ID.	
Date of Birth	
Blood Group	
Whether identity card has already been issued before (if yes, give justification for a new one)	
<b>Fee Rs. 75/-</b> , Challan Number & Date	

Certified that the data furnished above are correct.

Signature of the Applicant

Recommended by of the Head of the Department (with seal)