



# सेंट्रल कोलफील्ड्स लिमिटेड CENTRAL COALFIELDS LIMITED

Darbhanga House, Ranchi-834001

(भारत सरकार का उपक्रम) / (A Govt. of India Undertaking)

Tel: 0651-2365999; 0651-2365998

परिचय पत्र / Identity Card

क्र.सं./ SI.No \_\_\_\_\_

NON EXECUTIVE

EXECUTIVE

PASSPORT  
SIZE PHOTO IN  
BLUE  
BACKGROUND

नाम \_\_\_\_\_ विभाग पीआईएस संख्या \_\_\_\_\_  
Name \_\_\_\_\_ Department \_\_\_\_\_ PIS No. \_\_\_\_\_

पदनाम \_\_\_\_\_ योगदान की जगह \_\_\_\_\_  
Designation \_\_\_\_\_ Place of Posting **Headquarters, Darbhanga House, Ranchi**

( Please include Functional Designation after Rank if any- APPLICABLE FOR EXECUTIVES ONLY)

पहचान चिन्ह \_\_\_\_\_ रक्त समूह \_\_\_\_\_ जन्म तिथि \_\_\_\_\_  
Identification Mark \_\_\_\_\_ Blood Group \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(DD/MM/YRYR)

पिता/पति का नाम \_\_\_\_\_ स्थानीय पता \_\_\_\_\_  
Fathers/ Husband's Name \_\_\_\_\_ Local Residential Address \_\_\_\_\_

टेलीफोन/Mobile \_\_\_\_\_

कर्मचारी का हस्ताक्षर  
Signature of the Card Holder

## **UNDERTAKING BY EMPLOYEE**

1. I confirm that all particulars filled above are to the best of my knowledge.
2. I confirm to return the old I-card prior to issue of New I-card.
3. I understand the importance of I-card and will make all efforts to keep it safely.
4. I confirm to wear the I-card along with the authorized accessories to work each day.
5. I confirm that in case of loss, I shall bring it to the notice of the nearest Police Station and obtain a diary entry /FIR.
6. I confirm that the I-card will strictly be used for identification purpose and I shall show it on demand by the Security Department.
7. I confirm that on retirement/ promotion/ separation from CCL, Ranchi I will surrender the I-card.
8. This I-card is the property of CCL, Ranchi and allows limited access to me and is in no way to be construed as free or unhindered access to restricted or debarred areas or where entry/exit is regulated as per the extant rules.
9. In case of loss, a fresh I-card may be issued on payment of Rs. 200.00 along with police report.

Date:

Signature: \_\_\_\_\_

Telephone:

Name : \_\_\_\_\_

Department: \_\_\_\_\_

**RECOMMENDED AND FORWARDED BY CONTROLLING OFFICER**

**HOD (SECURITY)**