

REQUEST FOR REPLACEMENT ID CARD



Complete the following:

NAME (in full) _____ STUDENT ID _____
PROGRAM (e.g. BBA) _____ BATCH/YEAR (e.g. Bijoy/2018) _____
BLOOD GROUP _____ PHONE NUMBER _____

I certify that I require a replacement card for the following reason (tick box):

- | | | | |
|----------------------------------|--|----------------------------------|-----------------------------------|
| ☐ lost* | ☐ destroyed* | ☐ stolen* | ☐ damaged* |
| ☐ renewal | ☐ new application | ☐ change* | |

*The expiration date on the replacement card will be same as that of the original card

and that I am entitled to a replacement card in order to comply with the University 's policies and procedures so far as they apply to me as a student of The Central University. I understand that any attempt to fraudulently obtain an ID card will be dealt with under the University 's policies and procedures, and/or referred to law-enforcement agencies.

.....
Signature of Student

.....
Date

IF YOUR CARD HAS BEEN LOST, DESTROYED OR DAMAGED, a Tk200.00 replacement fee applies. Please complete the payment slip at the Account's Division and submit a copy with this form.

STUDENTS MUST PROVIDE THE FOLLOWING EVIDENCE OF IDENTIFICATION

One of the following: Passport, Drivers license, Birth Certificate or other Government -issued Photo ID. Include a color Passport Photo.

IF YOUR REQUEST IS DUE TO YOUR CARD BEING STOLEN, please attasted GD copy.

IF YOUR REQUEST IS DUE TO A CHANGE OF OTHERS, a new card can be issued charge upon acceptance of the evidence of your anything change by the Student Centre. You must submit certified documentary evidence by mail to the Student Centre, Admission Office. Alternatively, you can present the original documents in person to the Student Centre at Admission Office.

Take this completed form to Admission Office.

Privacy Statement

The information on this form is collected for the primary purpose of processing your request for a student ID card. The information you provide will not be disclosed to a third party without your consent unless disclosure is authorised or required by law. For further information, please consult the Admission Officer.

OFFICE USE

.....
Signature of Authority

.....
Date