

**Affix recent  
Passport-  
sized  
Photograph**

**IACS REGISTRATION FORM FOR ALL CATEGORIES OF STAFF, STUDENTS & ASSOCIATES**

**Professional Details**

Name of the member of staff/student: \_\_\_\_\_

Category (Faculty/Non-faculty/Student/RA): \_\_\_\_\_

Type of Employment (Permanent/Tenured/Contractual/Casual): \_\_\_\_\_

Designation: \_\_\_\_\_

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

Reporting Officer/Mentor/Supervisor (Name, Designation and Dept): \_\_\_\_\_

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**Personal Details**

Date of Joining:

Date of Birth:

Residential Address:

Permanent Address:

Blood Group: PAN No.

Father's/Mother's/Guardian's Name:

Name of Spouse:

I undertake to abide by the admissible rules and regulations of IACS and comply with the conduct rule as applicable under the prevalent GOI guidelines and as decided by the Governing Council from time to time.

(Signature with date)

(Signature with date)

Certified that the above information is true  
Head of the Department/ Unit/Centre/Section

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**FOR OFFICE USE ONLY**

**Registration No. with Date:**

**Issued by (Name and Signature with date of the Issuing Official):**