

F.No.7/18(1)/2023-SD/S&S

INDIRA GANDHI NATIONAL CENTRE FOR THE ARTS
Sutradhara Division(S&S)

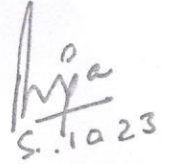
New Delhi, the 18th September, 2023

CIRCULAR

Taking into account the fundamental demand of the retired employees of IGNCA, the Competent Authority of IGNCA has decided to issue Official Identity Cards to its employees after their retirement upon submission of a written request from the individual employee in the prescribed format. In this regard, a copy of Standard Operational Procedure (SOP) is enclosed.

In view of the above, the employees of IGNCA, after retirement may submit an application to the S&S Section in the prescribed format (Annexure-A) duly completed in all respects for issue of Retired Identity Card that may be used by them as a service identification whenever necessary. The Identity Card will be valid for 5 years which may be renewed before its expiry following the due procedure on a written request from the retiree employee.

This issue with the approval of the Competent Authority.



(Priyanka Mishra)
Director(A)

Encl: as above.

Copy for information to:

1. Sr. PA to President IGNCA Trust
2. PPS to MS
3. PPS to Dir(A)
4. CIL (for uploading the circular on IGNCA portal)
5. Guard file

Annexure-A

**INDIRA GANDHI NATIONAL CENTRE FOR THE ARTS
Sutrudhara Division (S& S Section)**

**Application form for Employees Identity Card
Details of the Retired Employees
(Please fill in all details in BLOCK CAPITAL Letter)**

Employees No: _____

(Note :Please enclose copy of any one Valid Identity-proof (Aadhar/E-Aadhar, Passport, Voter's Identity Card, Driving Liencese, Policy bond paper of public life Insurance Companies or any other valid ID proof of self, as well as spouse wherein name of spouse, is indicated).

Name: _____
Post held on retirement: _____
Date of retirement: _____
Aadhar No: _____
Date of Birth: _____ Blood Group: _____
Date of Joining: _____
Identification Mark: _____
Residence Address: _____
Region Name: _____ Cadre/Group: _____
Mobile No: _____ Tel No: _____

PHOTO
Signature of retired employee

Declaration

I hereby declare that all the information furnished in the Application form is true to the best of my knowledge.

Place:

Date:

Signature of the Retired Employees

.....
For Office Use only

ID Card issued S.No. _____ Date _____ Validity _____

INDIRA GANDHI NATIONAL CENTRE FOR THE ARTS
(A Government of India, Ministry of Culture)
Retired Employees Identity Card

Name:
Post held on retirement:
Employee Code No:
Date of Retirement:
Aadhar No.:
Date of Birth: Blood Group:
Identification Mark:
Date of Validity

Signature of Issuing Authority

Residential Address

Mobile No: _____

Details of Spouse

Name: _____

Date of Birth _____ Blood Group: _____

Aadhar No.: _____

If Found, Please Return to:

INDIRA GANDHI NATIONAL CENTRE FOR THE ARTS
JANPATH BUILDING, JANPATH (Near Western Court)
New Delhi-110001

Webside: _____ Email: _____