APPLICATION FORM FOR STUDENT OFFICIAL ID CARD ISSUANCE

St.Judy Paramedical College Sri Lanka

(Please complete this form, attach the required fee and necessary documents, and submit it to the Course Coordinator.)

Form No: ACP/Gen/Form/ 01 (00)

Section A: Student Information (Please Fill Completely and Clearly **(BLOCK LETTERS))**

Past your Passport size photo with Student Uniform

1. Student's Full Name (as per Official records): …….

   ……..

   ……..

2. Name with Initial: ……..

3. National Identity Card No. :- …… 3.1.Gender : ☐ Male ☐ Female

4. Mobile Number:…… Whatsapp No:…….. Home No:……..

5. Following Course Name :- ……..... Level:…….

6. Admission Number :- …… 6.1. Batch Number :……..

7. Campus Name :- ……..……

8. TVEC Registration Number: **P**……../……

9. Course Started Date:…… Completion Date:……..

Section B: Declaration

I, the undersigned student hereby apply for a Student Identity Card issued by the College. In accepting this card, I understand and agree to adhere strictly to the following terms and conditions:

A. Proper Use and Handling

1. I declare that I will not misuse, lend, or transfer my Student ID Card to any other person, under any circumstances.
2. I understand that the ID card is the exclusive property of the College and must be produced for inspection upon request by any authorized College or Clinical Training personnel.
3. I shall maintain the ID card in good condition and will not laminate, damage, deface, or alter it in any way.

B. Scope of Use

1. I declare that I will only use this Student ID Card for College academic and official clinical training purposes. This includes, but is not limited to:
   - Attendance logging and verification.
   - Access to campus facilities (e.g., Classroom, Skill labs).
   - Identification during clinical rotations at affiliated hospitals/institutions.
   - Internal College examinations and official functions.
2. I will not use this ID card for any personal, commercial, illegal, or non-academic activities outside the scope of my official enrollment and training.

C. Loss, Damage, and Surrender

1. I agree to immediately report the loss, theft, or damage of my ID card to the College Administration Office.
2. I understand that a replacement card, if issued, may be subject to a replacement fee as determined by the College.
3. I undertake to immediately surrender the Student ID Card to the College Administration upon:
   - Withdrawal or termination from the Course.
   - Request by the College Administration due to disciplinary action or policy violation.

C. Consequences of Violation

I understand that any breach of this declaration, including the misuse or illegal use of the Student ID Card, may lead to disciplinary action, including the suspension or permanent confiscation of the ID card, and may affect my standing in the Course, as per the College's rules and regulations.

D. Signature

I confirm that I have read, understood, and agree to abide by all the terms and conditions outlined above.

Date:……. Signature of student:

Section E : Office Use Only

The student records and Documents have been verified. To be completed and signed by the Course Coordinator

sn	Detail	Verified (Yes/No)	Remarks
01	Name of Student		
02	NIC Number (National Identity Card)		
03	Course Name		
04	Admission Number		
05	Centre Registration No		
06	Student Signature in the signature box		
07	02 Numbers of Passport Size Photos (Hard Copies) Submitted with Uniform		
08	Soft Copy of Same Passport Size Photo (Digital file for printing)		
09	Application Fee Receipt (Attached)		Receipt No:

I the undersigned Course Coordinator certify that all the above-mentioned student details required documents and fees have been verified against official College records. The student has successfully submitted the signed Declaration Form and all necessary materials are in order for the ID card to be processed.

Name:_____ Designation:_____ Signature:_____

Date & Seal: _____