

Name and Designation of Retiree	Date of Retirement	Retired from Office/ Department	ID Card No.	Contact No.	Address	Blood Group	Medical Alert	Emergency Contact No.
--	---------------------------	--	--------------------	--------------------	----------------	--------------------	----------------------	------------------------------

* Photo and Signature in JPG format may also be send to the O/o Registrar for preparation of ID Card at icemp.registrar@luvas.edu.in