



मोतीलाल नेहरू कॉलेज (सांध्य)
MOTILAL NEHRU COLLEGE (Evening)
दिल्ली विश्वविद्यालय
(UNIVERSITY OF DELHI)
बेनितो हुआरेज़ मार्ग, नई दिल्ली-110021
Benito Juarez Road, New Delhi-110021

दूरभाष Tel.: 24110030,
फैक्स Fax: 24110954
E. mail:-contact@mlnce.org
Website: - www.mlnce.org

REF. NO.MLN/EVE/2023-24/

Dated:- 16-08-2023

NOTICE FOR INVITING QUOTATIONS

Sealed quotations are invited for the printing of the following Identity Cards for the College Students, Regular Staff and Pensioners as per the Specifications, terms & Conditions given below:-

Sl. No.	Particulars	Size	Thickness	Print Quality	No. of Cards
1.	Identity Cards for the Students	CR80- Credit Card Size (8.6cm x 5.4cm)	950 Microns	High Quality Multi Colour Print	2600
2.	Identify Cards for Regular Staff (Teaching, Non- Teaching Staff)	-do-	-do-	-do-	50
3.	Identity Cards for Pensioners (Teaching & Non- Teaching Staff)	-do-	-do-	-do-	40
4.	Medical Cards for Regular Staff (Teaching & Non- Teaching Staff)	11cm x 7 cm	-do-	-do-	50
5.	Medical Cards for Pensioners (Teaching & Non- Teaching Staff)	11cm x 7 cm	-do-	-do-	40



मोतीलाल नेहरू कॉलेज (सांध्य)
MOTILAL NEHRU COLLEGE (Evening)
दिल्ली विश्वविद्यालय
(UNIVERSITY OF DELHI)
बेनितो हुआरेज़ मार्ग, नई दिल्ली-110021
Benito Juarez Road, New Delhi-110021


दूरभाष Tel.: 24110030,
फैक्स Fax: 24110954
E. mail:-contact@mlnce.org
Website: - www.mlnce.org

REF. NO.MLN/EVE/2023-24/

Dated:- 16-08-2023

Terms & Conditions

1. PVC Identity Card (Digital Printing) with coloured photo.
2. PVC Medical Card (Digital Printing) with coloured photo.
3. There must be bar code facility only in the Identity Cards of the Students of the College.
4. Delivery of items within 5 days of receiving of data (HARD COPY ONLY) from the college.
5. The firm shall have to remove the defects found, if any, in the Identity Card and Medical Card at its own cost.
6. Sample Copies of the particulars to be printed on the Identity Cards and Medical Cards are attached herewith.
7. The firms are required to send Samples for Identity Card as well Medical Card duly signed along with their quotations.
8. The sealed quotations must reach the College office by 23-08-2023.
9. The Sealed quotations must be super scribed "Quotations for Identity Cards and Medical Cards" on the envelope.


(Prof. Vichitra)
Oftg. Principal

College Logo

STUDENT IDENTITY CARD No.
MOTILAL NEHRU COLLEGE (EVENING)
(UNIVERSITY OF DELHI SOUTH CAMPUS)
BENITO JUAREZ ROAD, NEW DELHI-110021

Name : JITENDER KUMAR
Course : B.A. PROGRAMME (HINDI + Pol. SC.)
Roll No. : 19/92302
Father's Name : Mr. KUNWAR SAIN
Date of Birth : 02-May-2002
Address : P-35/11 URI ENCLAVE BRAR SQUARE
NEARBY DELHI CANTT METRO STATION,
SOUTH WEST DELHI, DELHI-110010
Ph. No. : 9871886024

Student Signature S.O. Yr. 2023 – 2024 Principal
(NEP-UGCF)

To be printed on the back side of the I. Card
RENEWAL

	Ist Year	IIInd Year	IIIrd Year	IV Year
Valid upto	29-04-2024	29-04-2024		
Signature of College Official				
Election				

D.T.C. BUS PASS

	JUL,	AUG,	SEP,	OCT,	NOV,	DEC,	JAN,	FEB,	MAR,	APR,	MAY,
I-Yr											
II- Yr											
III-Yr											
IV-Yr											

This Identity Card is NOT TRANSFERABLE and must be produced
whenever demanded

College Logo

STUDENT IDENTITY CARD No.
MOTILAL NEHRU COLLEGE (EVENING)
(UNIVERSITY OF DELHI SOUTH CAMPUS)
BENITO JUAREZ ROAD, NEW DELHI-110021

Name : JITENDER KUMAR
Course : B.A. PROGRAMME (HINDI + Pol. SC.)
Roll No. : 19/92302
Father's Name : Mr. KUNWAR SAIN
Date of Birth : 02-May-2002
Address : P-35/11 URI ENCLAVE BRAR SQUARE
NEARBY DELHI CANTT METRO STATION,
SOUTH WEST DELHI, DELHI-110010
Ph. No. : 9871886024

Student Signature S.O. Yr. 2023 – 2024 Principal
(IIIrd Year)
CBCS

To be printed on the back side of the I. Card
RENEWAL

	Ist Year	IIInd Year	IIIrd Year
Valid upto			29-04-2024
Signature of College Official			
Election			

D.T.C. BUS PASS

	JUL,	AUG,	SEP,	OCT,	NOV,	DEC,	JAN,	FEB,	MAR,	APR,	MAY,
I-Yr											
II- Yr											
III-Yr											

This Identity Card is NOT TRANSFERABLE and must be produced
whenever demanded

Motilal Nehru College (Evening)

University of Delhi

FORM FOR IDENTITY CARD

(Use CAPITAL LETTERS only)

1. Name	:	_____
2. Father's/ Husband's Name	:	_____
3. Date of Birth	:	_____
4. Designation	:	_____
5. Whether Permanent/Adhoc/Guest/ on Contract basis	:	_____
6. Department	:	_____
7. Date of Appointment	:	_____
8. Date of Retirement	:	_____
9. PAN Number	:	_____
10. Aadhar Number	:	_____
11. Basic Pay	:	_____
12. Pay Level	:	_____
13. Residential Address	:	_____ _____ _____
14. Contact Number	:	_____
15. Email ID	:	_____

Note: - Please also submit your latest Passport size Photograph.

Signature:

Name :

Date :

Motilal Nehru College (Evening)

University of Delhi

IDENTITY CARD FOR MEDICAL TREATMENT IN D.U. APPROVED HOSPITALS

(Use CAPITAL LETTERS only)

1. Name	:	_____
2. Father's/ Husband's Name	:	_____
3. Date of Birth	:	_____
4. Designation	:	_____
5. WUS Health Centre Card Number	:	_____
6. Department	:	_____
7. Date of Appointment	:	_____
8. Date of Retirement	:	_____
9. PAN Number	:	_____
10. Aadhar Card Number	:	_____
11. Basic Pay	:	_____
12. Pay Level	:	_____
13. Present Ward Entitlement	:	_____
14. Residential Address	:	_____ _____
15. Contact Number	:	_____
16. Email ID	:	_____

17. Details of Family Members:

S.No.	Name	Relation	D.O.B./Age

Note:- Please also submit the combined photograph of all the beneficiaries (Photograph size 11CM X 7CM)

Signature:

Name :

Date :