

**EMPLOYEE NAME**

Job title goes here

|  |  |
| --- | --- |
| Card Issue Date: | June 2019 |
| Registration # | Reg-123456-2019 |
| Date of Birth: | July 15, 1987 |
| Contact Number: | +1 123-456-7890 |
| Blood Group: | AB+ |

**Institute Name**

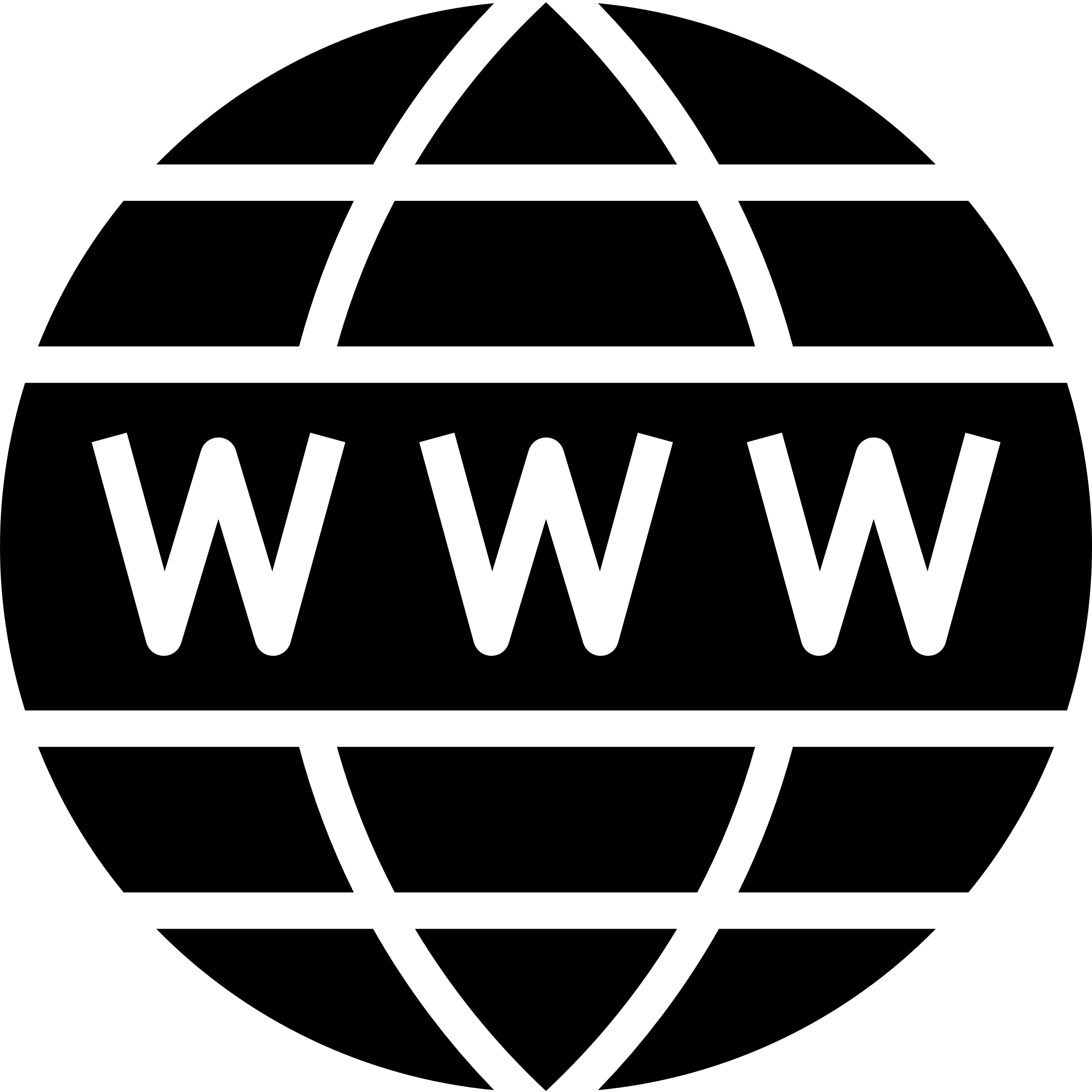
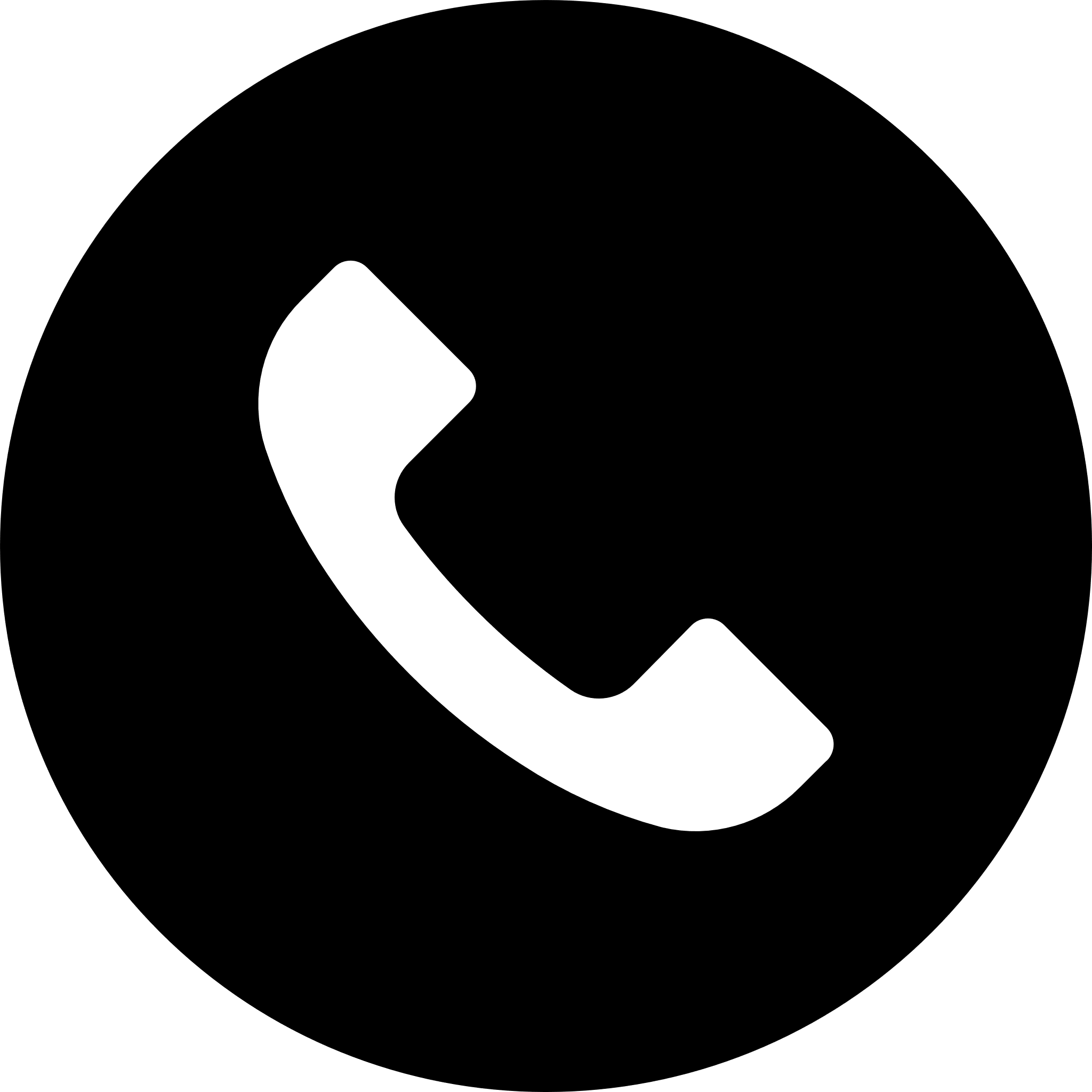
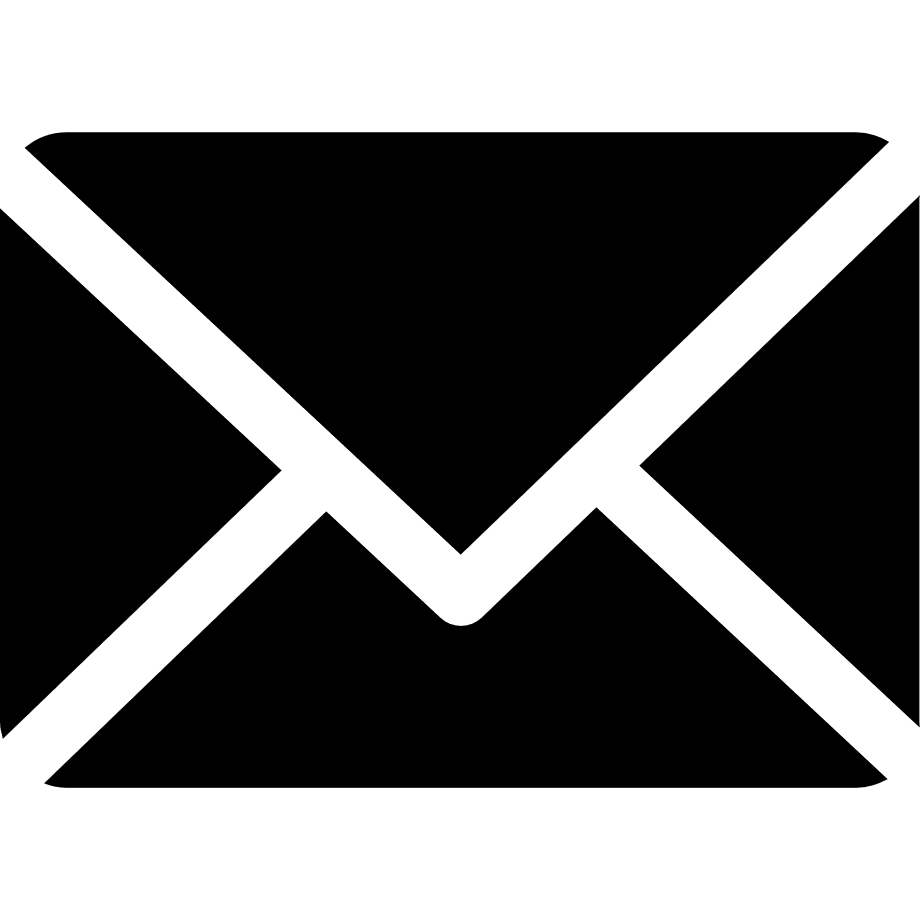
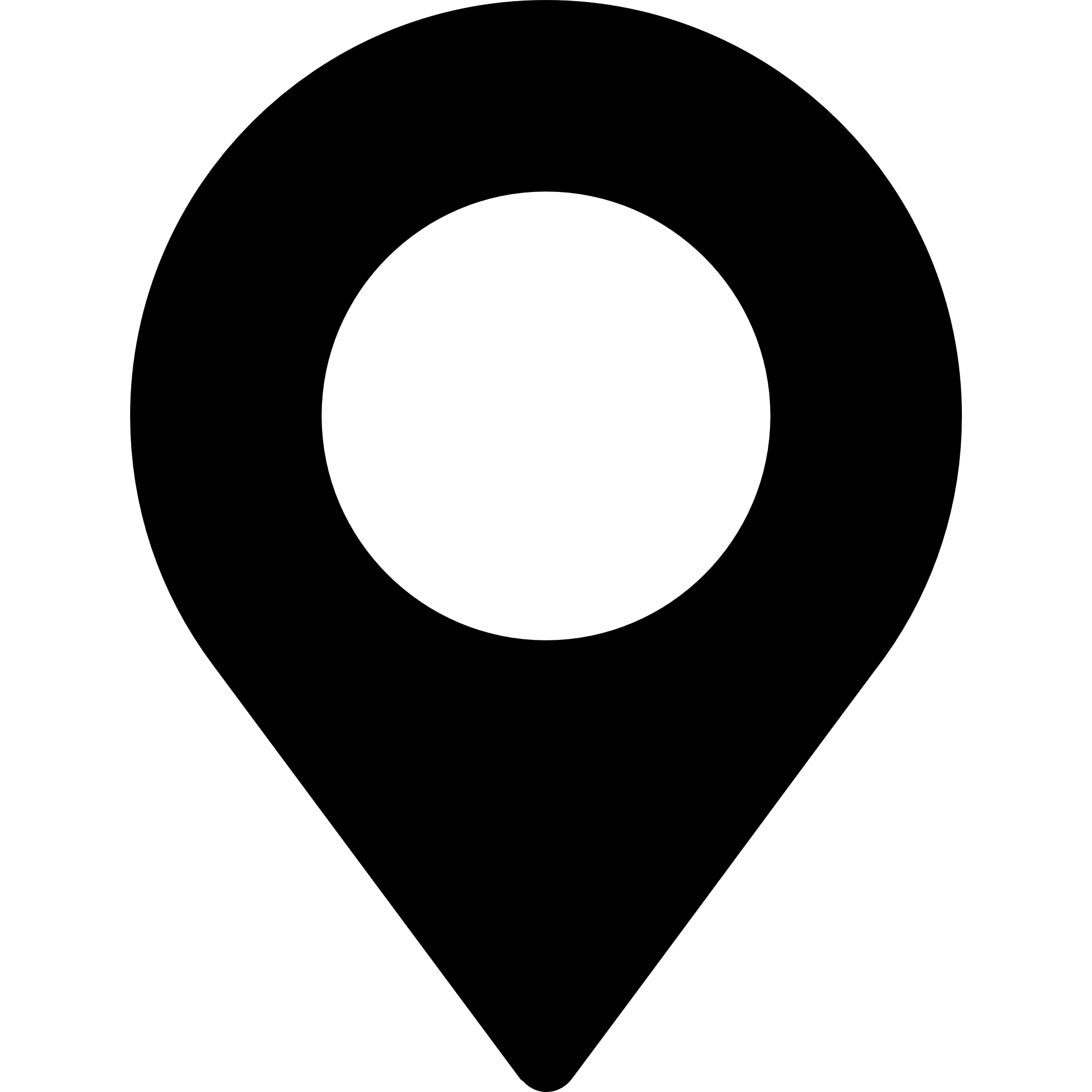
123 street address, city state, zip code

**INSTITUTE NAME**

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