



Card No

PERSONAL INFORMATION USE BLOCK LETTERS

Name of Employee

Father's/Husband's Name Surname

Designation Department BPS

CNIC No Gender Male Female Married Single

Cell No Emergency Contact No Landline No Email

Date of Birth / / Date of Regular / / Date of Retirement / / Blood Group

Day Month Year Day Month Year Day Month Year

Paste 1.1/2"x1.1/2"
photograph
here


DETAILS OF EMPLOYEE / FAMILY MEMBERS (Use seprate sheets, for family members information, if required)

Name	Relationship with Employee	Date of Birth	Age	CNIC/B-Form Number	Photograph
					Paste 1.1/2"x1.1/2" photograph here
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DECLARATION

I hereby declare that the information / particulars stated above are true and correct to the best of my knowledge and that I have not withheld any information / particulars

Employee's Signature with Date



FOR OFFICIAL USE ONLY

Verification by Additional Registrar (BPS 17-22)

Verification by Deputy Registrar Administration (BPS 01-16)

Verification by Deputy Director Finance

DOCUMENTS REQUIRED

- CNIC of Employee
- Univesity ID Card of Employee
- B-form of Children under 18 years
- CNIC of Children above 18 years
- Birth Certificate (where applicable)
- Two photographs (1^{1/2"}x1^{1/2"}) of each family members (one pasted, one attached seprately)