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| **Designation**  |  |
| **Date of Appointment** |  | **Date of Arrival** |  |
| **Name** |  |
| **Father Name** |  | **Category** |  |
| **Gender** |  | **Place of Duty** |  |
| **Date of Birth** |  | **Religion** |  |
| **CNIC** |  | **Domicile** |  |
| **Contact #** |  | **Higher Qualification** |  |
| **Hostel Accommodation** |  | **Blood Group** |  |
| **Marital Status** |  | **Spouse Name** |  |
| **Address** |  |

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| **PMC RECORD OF TRAINEE MEDICAL OFFICERS****(Provided PMC Photocopy)** |
| **PMDC No** |  |
| **Date of Reg** |  |
| **Date of Issue** |  |
| **Date of Expiry** |  |

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| **REQUIREMENTS** |
| 1. Passport size picture (Hard).
2. Copy of PMDC card/PNC Card/Medical faculty.
3. Office Order and Arrival Report
4. CNIC copy.
5. Card will be issued within 7 Days.

**In Case HR-card Misplace.** *The applicant will have to provide Cash deposited receipt for Duplicate Card.* |
| **Applicant Signature** |  |
| **Head of Department Sign & Stamp** |  |
| **Senior HR Officer HR-HMIS** |  |
| **Superintendent HR** |  |
| **Received Date** |  |