

MEDICAL TEACHING INSTITUTE

HAYATABAD MEDICAL COMPLEX, PESHAWAR

RFID CARD FORM

The Senior HR Manager MTI-HMC Peshawar

Dear Sir,

I have been assigned employees MR: No. ______ in MTI-HMC. I here by request to issue me a duplicate HR

Card as my card is lost / damaged. Kindly block the existing card to avoid misuse of the same.

Employee Information:	
Name	
F/Name	
Designation	
CNIC	
Receipt of Fees submitted in case of lost/damage card Bank of Khyber,MTI-HMC Receipt Account HMC Account No. (PLS 00060-00-2)	Rs 500 through challan No Dated in BOK MTI-HMC
Card returned in case of damage	Yes No
Signature of the employee & Date	

Signature of HRMIS Supervisor: _____

Signature of Office Superintendent- HR: _____

Card Issuing Date: _____