



HAYATABAD MEDICAL COMPLEX, PESHAWAR

MTI-HMC EMPLOYEE ID-CARD FORM

Emp ID/P.No:	Biometric ID:
Designation:	
BPS (Current):	
<u>Date of Appointment:</u>	<u>Date of Arrival:</u>
Name:	Employee Type:
Father Name:	Category:
Gender:	Place of Duty:
Date of Birth:	Religion:
CNIC:	Hostel Accommodation:
Address:	
Contact #:	Higher Qualification:
Domicile:	Shift:
Salary:	Blood Group:
Marital Status:	Husband Name:

FOR NURSES:

PNC No: _____

Date of Reg: _____

Date of Issue: _____

Date of Expiry: _____

FOR PARAMEDICS:

Diploma/Degree: _____

Date of Reg: _____

Date of Issue: _____

Date of Expiry: _____

FOR DOCTORS:

PMDC No: _____

Date of Reg: _____

Date of Issue: _____

Date of Expiry: _____

REQUIREMENTS

- Passport size picture (Hard).
 - Copy of PMDC card/PNC Card/Medical faculty.
 - CNIC copy.
 - **Note:-** Civil Employees must attach the payroll number.
 - **In Case HR-card Misplace.** The applicant will have to provide Cash deposited receipt for Duplicate Card.
 - **All documents Submitted in recruitment Section.**
- Applicant Signature: _____
- Head of Department Sign & Stamp: _____
- Supervisor P&P _____

Supervisor HR-HMIS: _____

Received Date _____

O.S HR-Deptt: _____