



HAYATABAD MEDICAL COMPLEX, PESHAWAR

Internee ID card Registration form

Designation:

Date of appointment: _____

Date of completion: _____

Name:

Employee Type:

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:

REQUIREMENTS

Passport size picture (Hard)

CNIC Copy

Office order copy

Applicant Signature: _____

HOD Signature & Stamp: _____

In Case HR-card is misplaced. The applicant will have to provide Cash deposited Slip for duplicate Card.

For Office Use Only

Supervisor HR-HMIS: _____

Received Date in HRMIS: _____

Superintendent HR: _____