



# HAYATABAD MEDICAL COMPLEX, PESHAWAR

## TRAINEE MEDICAL OFFICER ID-CARD FORM

Designation: Trainee Medical Officer

Date of Appointment: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_

Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

Category: \_\_\_\_\_

Gender: \_\_\_\_\_

Place of Duty: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

CNIC/passport Number: \_\_\_\_\_

Domicile: \_\_\_\_\_

Contact #: \_\_\_\_\_

Higher Qualification: \_\_\_\_\_

Hostel Accommodation: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

### PMC RECORD OF TRAINEE MEDICAL OFFICERS: (Provided PMC Photocopy)

PMC No: \_\_\_\_\_

Date of Reg: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Date of Expiry: \_\_\_\_\_

#### **REQUIREMENTS**

Passport size picture (Hard).  
Office Order & Arrival Report.  
CNIC copy  
PMC Photocopy

Applicant Signature: \_\_\_\_\_

Head of Department Sign & Stamp \_\_\_\_\_

Card will be issued within 7 days.

In Case card is misplaced. The applicant will have to provide Cash deposited receipt for Duplicate Card.

#### **For Office Use Only**

Supervisor HR-MIS Signature: \_\_\_\_\_

Received Date in HRMIS \_\_\_\_\_

Superintendent HR Signature: \_\_\_\_\_