**Photograph**

Employee Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father/Husband Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Deptt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone# (Residence) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DoB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Single

Married

Marital Status: Blood Group:\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dependent Information (Parent, Spouse, Children)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dependent’s Name** | **Gender** | **DoB** | **Relationship** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Attach supporting documents of dependents (CNIC/Form-B/Nikah-nama etc.)

Please attach copies of the Computerized National Identity Card and Two color photographs.

**Please Read This Statement Carefully**

I declare that the information given in the application is true and to the best of my knowledge.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Deptt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of Department Approval**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_