



# **KHYBER MEDICAL COLLEGE PESHAWAR**

## **EMPLOYEE SERVICE CARD FORM**

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

Designation/BPS: \_\_\_\_\_ CNIC No: \_\_\_\_\_

Employee Nature: (Regular Civil, Institutional, MTI, Contractual(Ins) Contractual (MTI)

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

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

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

Cell No. \_\_\_\_\_ Blood Group: \_\_\_\_\_

Name & Cell No. (in case of emergency) \_\_\_\_\_

Biometric No: \_\_\_\_\_ Registration No: \_\_\_\_\_

Pay Roll No: \_\_\_\_\_

**Employee Sign**

**Head of Department/Sectional Incharge**

**Computer Operator/J.Clerk (Estt)**

**Superintendent (Estt)**