

KHYBER MEDICAL COLLEGE, PESHAWAR (Medical Teaching Institution)



RESIDENTIAL ACCOMMODATION APPLICATION FORM (FORM A)

S.No	Date:/	Passport Size
		Picture
Father / Husband Name :		
CNIC :		
Gender :	Male Female	
Department :		
Designation :		
Type of Employee :	Civil Institutional MTI Employee Fixe	ed Pay 🗌
Status :	IBP NON-IBP NPA NO	N-NPA
Employment Date :		
Retirement Date :		
Number of Dependents :		
Date of Birth :	District	
Place of Birth :	(Mention C	City Name)
Permanent Address :		
Present Address :		
Reason of Applying :		
	ever been allotted a residential Yes	No 🔲

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residentia	No Composition in district applicant, KMC has the right
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	Applicant Signature
	Date:/
	Date://
	Date:/

Office of the Assistant Manager Accommodation