University of Child Health Sciences, Lahore

Tel: 92 42 99230901-23, www.uchs.edu.pk

FOR EMPLOYEES UNIVERSITY IDENTITY CARD

Note: Only Use Capital Letters: ***Form #_____***

Have a Card			**Y**		**N**		**University Card #**					**U**	**C**	**H**	**S**		/			/								Affix One Photograph of Same size & attach one Photograph of
Name:																												
S/o,D/o,W/o																												
Date of Joining University					-			-			**Date of Birth**							-			-						
Date of Regularizations(In case of Regular)																		–			–							

Date of Joining Govt. Service					-			-			**BPS**																	
CNIC #						-								-														

Job Status	**Permanent**	**Contract**	**Adhoc**	**Other's**
(Tick One)				

Blood Group:

Designation:	**Department:**
Last Degree Of Qualification:	**Domicile District:**
Phone #:	**E-mail:**
Present Address: _____	**Permanent Address:** _____

In Case of Emergency Contact With:_____**Phone #:**_____

Verify by Department:

Department Name:_____

Head of Department Name:_____

Signature:_____

Applicant Signature:_____

Verify by Administration:

Registrar: _____

Date: _____

IT Department:

Head of Department: _____

Date: _____

Note: Attached Appointment Order's Copy and 1 Passport size Picture with form.