|  |  |
| --- | --- |
| Description: D:\Confidential\university pumhs logo.JPG**Peoples University of Medical & Health Sciences for Women, Nawabshah,****Shaheed Benazirabad.** |  Passport Size Photograph  |

# SMART ID CARD REQUEST FORM

## EMPLOYEE INFORMATION

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| --- |
| Application Type: New Card [ ]  Duplicate Card [ ]  **HBL** Bank Slip No\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Employee Status**: (**Regular** …………..) ( Promoted ……..or Upgraded ……… or Assign to Work………..) Full Name (block letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. BPS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Father’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Designation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Home Address**  |  |  |
| **Phone/Mobil**: |  | **PUMHS-Email** | :  |

**Blood Group**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CNIC**# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee ID**:  **Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Valid up to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact No (Alternate No**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature Computer Programmer**

**Chairman/Director/HODs Registrar Director I.T**

**Dated:**

**Note:** Employee ID field may be filled by the Admin Office, PUMHS, S.B.A

Please re-submit this Smart ID card request form along with HBL deposit slip of Rs.200/= for issuing renewal/duplicate card.

Account Title: The Principal PMC, Account No. 0014390011136501 at HBL PUMHS Branch.