



Affix a recent photograph 3cm x 5cm

Employee Card Request Form

1. Name in full _____
(Use CAPITAL LETTERS)
2. Father Name _____
(Use CAPITAL LETTERS)
3. Designation: _____
4. Department _____
(mention department, if required)

5. Date of Birth DD / MM / YY Age: _____

6. N.I.C. #.

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 Gender: Male Female

7. Date of Joining. _____ Date of Expiry of Contract. _____

8. Reasons: Replacement Lost Promotion/ Change of Designation Expiry of Contract
(Please tick the appropriate option)

9. I hereby declare that the above provided information is true to the best of my knowledge and belief, and that I understand it.

Dated: _____

Signature: _____

Recommended/Not Recommended By Head of Department/Section Head

Signature: _____ Designation: _____ Date: _____

For Campus HR Office Use Only

10. Employee No. _____

Signature: _____ Date: _____

Note: In case of replacement or lost the card employee will pay the Rs.500 new issuance card charges in the CUI, Vehari Campus UBL Bank Branch.