EMPLOYEE ID CARD REQUEST FORM

NOTE: All the information must be in upper case latter

REQUEST FOR:	New Lost/Stolen Duplicate Change of: Name Designation Department	Affix a
PERSONAL INFORMATION:		Photo here with gum
SALUTATION:	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.	Don't staple
FULL NAME:		Don't staple
CONTACT NO.:		
ADDRESS: CNIC: BLOOD GROUP:		
UNIVERSITY AF	FILIATION:	
Academic Staff	Administrative Staff Security Staff Suppo	orting Staff (Class 04)
EMAPLOYEE STATU DESIGNATION:	S: Permanent Contract/TTS Tempora	ary
DEPARTMENT:		
with the appropriate cirare provided to affiliated	ation on this form is correct and that my request for an Emplo cumstances. I recognize that all ID cards are the property of d persons for appropriate identification use. It is valid so long a ur. Upon separation, the card must be returned to the appropri	the GSCWU Bahawalpur and as I continue my affiliation with
	URE: — DATE: —	
CHAIRPERSON/HOD) /AUTHORIZE OFFICER SIGNATURE: ————————————————————————————————————	
FOR DIRECTOR	RATE OF IT USE ONLY:	
	THORTY: APP	ROVED
	EMP. ID	:
CARD RECEIVING	RECEIVING DATE: RECEIVER'S SIG	∋N ·