



**WAPDA TEACHING HOSPITAL COMPLEX**  
210-Ferozpur Road, Lahore.

2 Colored  
Photographs

**MEDICAL REGISTRATION FORM - A**

Form No. \_\_\_\_\_

New Registration

Change

Version. 2 Revised On.15-03-2011

|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
|---|--|-----------------------|--|---------------------------|------------------------|--|--|--|------------------------|---------------------------------|--|------------------------|--|--------------------------------|---|--|--|--|--|--|--|--|--|--|
| <b>1. Company / Department Name</b>   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                | <b>2. Family-Id (for office use only)</b> |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>3. C.N.I.C. No.</b>  |  |                       |  |                           |                        |  |  |  |                        | <b>4. * Registration Status</b> |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>5. Employee's Name</b>   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>6. BPS</b>   |  | <b>7. Designation</b> |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>8. Birth Date</b>  |  |                       |  |                           | <b>9. Joining Date</b> |  |  |  |                        | <b>10. Last Posting Date</b>    |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>11. Father's / Husband's Name</b>  |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>12. Gender</b>   |  |                       |  | <b>13. Marital Status</b> |                        |  |  |  | <b>14. Family Size</b> |                                 |  | <b>15. Blood Group</b> |  | <b>16. Facility (MF / CMA)</b> |   |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>17. Office Name (In case of retired or deceased employee last office Name)</b> |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>18. Office Postal Address</b>  |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                | <b>19. Phone No. (with City code)</b>     |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>20. Pension Book No.</b>   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                | <b>21. ** Retirement Date</b>             |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>22. Pension office Name</b>  |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>23. Pension office postal Address</b>  |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                | <b>24. Phone No. (with city code)</b>     |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>25. Home Address (Postal Address)</b>  |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                | <b>26. Phone No. (with city code)</b>     |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>27. Email Address (if any)</b>   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |
| <b>28. Mobile Number (if any)</b>   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                | <b>29. Registration Date</b>              |  |  |  |  |  |  |  |  |  |
|   |  |                       |  |                           |                        |  |  |  |                        |                                 |  |                        |  |                                |   |  |  |  |  |  |  |  |  |  |

Signature Officer In-charge (Hospital)

Employee Signature

\* Regular, Retired, Widow, Deputations, Contract, Out Station

\*\* Date of Retirement (In case of retired employee), Date of Death (In case of Deceased employee)

**MEDICAL REGISTRATION FORM - B**

| Sr. | 30. Dependant's Name | 31. Relationship | 32. Date of Birth / C.N.I.C No. |
|-----|----------------------|------------------|---------------------------------|
| 01  |                      |                  |                                 |
| 02  |                      |                  |                                 |
| 03  |                      |                  |                                 |
| 04  |                      |                  |                                 |
| 05  |                      |                  |                                 |
| 06  |                      |                  |                                 |
| 07  |                      |                  |                                 |
| 08  |                      |                  |                                 |
| 09  |                      |                  |                                 |
| 10  |                      |                  |                                 |

**DECLARATION OF EMPLOYEE**

- I declare that neither my father nor my mother is a pensioner and he/she is not availing Free Medical Facilities from any other institution.
- I declare that my wife/Husband is not availing Free Medical Facility from any other Institution.
- I declare that the family members mentioned above are wholly dependant upon me and residing with me.
- In case of any false declaration I may be dealt under relevant rules.

**Employee Signature**

**CERTIFICATE FROM CONCERNED OFFICE**

(In case of Retired / Deceased, the **Form-A** and **Form-B** can be attested by the Pension Disbursement Officer.)

Office Memo No. \_\_\_\_\_ Date. \_\_\_\_\_

- This is to certify that the particulars given in Form-A and Form-B are correct as per our office record and the dependants information has been verified from Form-B of Registration Office/NADRA.
- The Inter Office Transaction Code (IOT) of this office is \_\_\_\_\_

**Official Stamp**

**Signature of  
Head of The Office**

**TO BE FILLED BY THE WAPDA HOSPITAL**

The employee whose particulars are given in **Form-A** and **Form-B** is hereby allowed Medical Facilities in accordance with WAPDA Medical Attendance Rules.

**Signature Officer In-charge (Hospital)**

**WAPDA MEDICAL CARD INFORMATION**

| 33. Card No. | 34. Issued on | 35. Issued by (Name & Signature) | 36. Received By (Name, CNIC No & Signature) |
|--------------|---------------|----------------------------------|---|
|              |               |                                  |   |

**CHECKLIST OF DOCUMENTS TO BE ATTACHED WITH THIS FORM (ATTESTED PHOTO COPY)**

|   |   |   |  |
|---|---|---|--|
| 1 | CNIC of employee and dependents above 18 year of age                        | 4 | Pension Book of retired / deceased employee        |
| 2 | Form-B of NADRA / Birth certificate of all dependents below 18 years of age | 5 | Option of Medical Facility in case of BPS ( 1-15 ) |
| 3 | Non-marriage declaration of daughter having age above 25 years              | 6 | Nikah-Nama of employee (if applicable)             |

Date. \_\_\_\_\_

Received By Name and & Signature: \_\_\_\_\_

- Note:-**
- Any change in the data of Form-A or B should be informed immediately to MS WAPDA Hospital to ensure validity.
  - Use extra sheet if required