



**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