

Paste Color
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Identity Card Size

PERSONAL DATA FORM-I

1. Hospital Name :												2. N.I.C. No.																							
2A. Employee Code						=						=																							
3. Employee Name																																			
4. BPS		5. Designation Description																																	
6. Father's / Husband's Name																																			
✓ 7. Gender						8. Date of Birth						9. Religion																							
Male		Female				-		-																											
✓ 10. Marital Status						11. Family Size			12. Blood Group			✓ 13. Medical Facility																							
Single		Married										MF			CMA																				
14. Highest Academic Qualification												15. Highest Professional Qualification																							
16. D.P.E Passed												17. Training for Promotion																							
18. Languages (R) ead, (W) rite, S (peak)																																			
R						W			S			R						W			S			R						W			S		
19. Home Address																		19-A. Phone (s)																	
20. Current Office Name, Address and Telephone No.																																			
21. Initial posting office Name, Address and Telephone No.																																			
22. Current Posting Date						23. Date of appointment						24. Domicile (Province – District)																							
-		-				-		-																											
✓ 25. Job Type																																			
Regular			Contract			D. Wages			W. Charge			Deputation			Other																				
✓ 26. Employment Quota																																			
Open Merit						Employee Children						Disabled Quota																							
27. Employee Cadre												28. G.P.F. No.																							
✓ 29. Type of Accommodation																																			
WAPDA						Acquisition						House Rent						Other																	

DECLARATION: I hereby declare that the information given in this Form-I is true & correct to the best of my knowledge & belief.

Employee's Signature :

Signature & Stamp of Head of the Office /AD(Admin) :