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## PERSONAL DATA FORM-I

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