|  |  |  |
| --- | --- | --- |
| **Date of arrival in Ward/Unit** | **/ / 20** | |
| **Ward/Unit/Department Name:** |  | |
| **DPT House Officer Full Name: -** |  | |
| **Father Name:-** |  | |
| **Graduation Institute Name -** |  | |
| **CNIC No:-** |  | |
| **Student Registration No-** |  | |
| **Personal Contact No for any query: -** |  | |
| Office Order Issue No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office order date\_\_\_\_\_\_\_\_\_\_\_\_ at S.No\_\_\_\_\_\_\_\_\_ Date of completion of DPT House Job from ward/Unit: \_\_\_\_/\_\_\_\_/20\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Internee** | | |
| **Instructions For Internee:**   1. This arrival report must be reach to HR office for record purpose. 2. Office Order Copy. (must be attached) 3. Transcript Copy of DPT (must be attached) | | |
| **TO BE FILLED BY INCHARGE OF THE UNIT:**  Signature with Stamp  Name with Designation:  Dated:  Ward/Unit/Department | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ |
| **TO BE FILLED BY HOD PHYSIOTHERAPY:**  Signature with Stamp  Name with Designation:  Dated:  In-charge Physiotherapy | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ |
| **TO BE FILLED BY HR DEPARTMENT**  Signature with Stamp  Dated:  Manager HR/ Superintendent HR | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ |