|  |  |
| --- | --- |
| **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\_\_\_\_  |