|  |  |  |
| --- | --- | --- |
| **Name** |  | **PASSPORT SIZE PICTURE (2)** |
| **Father Name** |  |
| **Domicile** |  |
| **Contact Number** |  | |
| **Religion** |  | |
| **CNIC Number** |  | |
| **Date of Birth** |  | |
| **Blood Group** |  | |
| **Postal Address** |  | |
|  | |
| **Basic Qualification** |  | |
| **Postgraduate Qualification** |  | |
| **Fellowship No of FCPS-II** |  | |
| **Date of First Appointment (P.S.C)** |  | |
| **Date of First Appointment (MTI)** |  | |
| **Original Designation (BPS)** |  | |
| **Working As (BPS)** |  | |
| **Place of Duty** |  | |
| **Status (Civil or Institutional)** |  | |
| **Date of Transfer to HMC** |  | |
| **Signature of Employee** |  | |