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| **EMPLOYEE DETAILS** | | | |
| **Employee Name** |  | **Father Name** |  |
| **Employee MR. No** |  | **Designation** |  |
| **Employee CNIC No** |  | **Received Date** |  |

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| EMPLOYEE DEPENDENTS DETAILS | | | | | | |
| **First Name** | **Middle Name** | **Last Name** | **Relation** | **Gender** | **Date of Birth** | **Marital Status** |
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| **REQUIREMENTS** |
| Father & Mother CNIC photocopy |
| Nikahnama photocopy & wife CNIC photocopy |
| Children Form-B photocopy |
| RFID Card Photocopy |
| ***Note:*** Enter all your dependents at the same time. There will be no change in the future. |

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| **Applicant Signature:** |  |
| **Senior HR Officer (HRMIS):** |  |
| **HOD Stamp & Signature:** |  |
| **Superintendent HR:** |  |