EMPLOYEE CARD REQUEST FORM

Mayo Hospital, Lahore

Date: _____

Form No: _____
*Office Use Only**

Government of the Punjab
(Specialized Healthcare and Medical Education Department)

STAFF ID-CARD DATA FORM

Write in BLOCK Letters. Spell correctly, no correction will be allowed after the ID-Card Printed

Full Name:

Father Name:

CNIC No: - -

Employee No / Personnel Number: (You can get your employee number from your pay slip, PGR's have to enter their K.E registration number from student profile form in this field, H.O will not fill this field)

Designation: _____ Blood Group: _____

Contact No: _____ ICE No: _____
(In case of emergency contact number)

Marital Status: _____ Disability (YES / NO)

Duty (Place/Area/Ward/Department) in Hospital: _____

Type of request: ◎ New ◎ Duplicate

Note*: Follow these instructions otherwise your form is not acceptable*

1. Attach one copy of your joining order/office order or digital pay slip in which your designation is clearly mentioned.
2. One passport size picture with white or blue background. (Picture in soft form is not acceptable)
3. All fields of this form must be filled correctly otherwise form will be rejected.
4. Duplicate card (in case of loss) will be issued only with provision of police report.

(Signature of Issuing Authority)
Mayo Hospital, Lahore