



Picture

**Employee Information Form**

Joining Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employee Code: \_\_\_\_\_

Name:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

CNIC:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Campus:

\_\_\_\_\_

Department:

\_\_\_\_\_

Designation / Scale:

\_\_\_\_\_

Qualification:

\_\_\_\_\_

Job Status: Permanent / Contract / Short Term / Daily / Other

Please use this space to provide details on the related fields of your interest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Chairman / HoD

*Note: Kindly attach one passport size picture and submit the form to Directorate of IT*