

Faculty

## The Islamia University of Bahawalpur employee's identity card request form

iub.edu.idcardsection@gmail.com Passport Size Duly Signed by ON First Appointment HOD/stamped

| Administration                                    | Ren                                     | ewal/D   | upli   | cate   |       | [   |      |       |      | į    |    |          |
|---|---|----------|--------|--------|-------|-----|------|-------|------|------|----|----------|
| Personal Information (to be                       | e filled by the Employee in             | ı Capita | al let | ters)  |       |     |      |       |      | L.   |    |          |
| Name of Employee                                  |   |          |        |        |       |     |      |       |      |      |    |          |
| Parentage   |   |          |        |        |       |     |      |       |      |      |    |          |
| Name of Department                                |   |          |        |        |       |     |      |       |      |      |    |          |
| Designation                                       |   |          |        |        |       |     |      |       |      |      |    |          |
| CNIC  |   |          |        |        | -     |     |      |       |      |      |    | -        |
| Marital Status                                    |   |          |        |        |       | 11  |      |       | ı    |      |    |          |
| Next of Kin                                       |   |          |        |        |       |     |      |       |      |      |    |          |
| Religion  |   |          |        |        |       |     |      |       |      |      |    |          |
| Blood Group                                       |   |          |        |        |       |     |      |       |      |      |    |          |
| Phone# Office                                     | Phone# Residence                        | Cell#    |        |        |       |     | Fax# |       |      |      |    |          |
|   |   |          |        |        |       |     |      |       |      |      |    |          |
| E-Mail:   |   |          |        |        |       |     | ı    |       |      |      |    |          |
| Permanent Address                                 |   |          |        |        |       |     |      |       |      |      |    |          |
| 1 Crimanent Address                               |   |          |        |        |       |     |      |       |      |      |    |          |
|   |   |          |        |        |       |     |      |       |      |      |    |          |
| Current Address                                   |   |          |        |        |       |     |      |       |      |      |    |          |
|   |   |          |        |        |       |     |      |       |      |      |    |          |
| Accommodation in Hostel                           |   | Yes      |        |        |       | No  |      |       |      |      |    |          |
| Hostel Address (if applicable)                    |   |          |        |        |       |     |      |       |      |      |    |          |
|   |   |          |        |        |       |     |      |       |      |      |    |          |
| Note:- Please attach two photos duly signed by H  | o photographs of paspor<br>IOD/stamped. | t size a | nd a   | ilso v | vrite | you | ır n | ame   | on b | oack | of |          |
| Signature of Employee                             |   |          |        |        |       |     | Da   | te: _ |      |      |    |          |
| Gignature/Stamped Incharge/Head of the Department |   |          |        |        |       |     | D    | nto.  |      |      |    | <u>-</u> |