

Information Technology (IT) Center

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RFID Employee Card Requisition Form

Department		
Name		
Father Name		
Job Type	O Permanent O Contract O Daily W	ages O Adhoc O Contingency
Designation		BPS Scale
Date of Birth		City
Residence Type	O Own O University	
Date of Joining		CNIC
Mobile No.		Telephone Ext. No.
Picture		

Applicant Signature (with date)

Signature & Stamp (Head of the Department)

Official Use Only

Remarks			
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