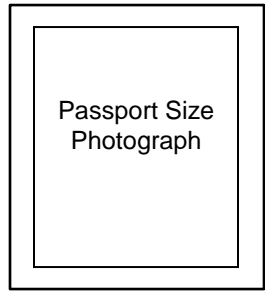




**Peoples University of Medical & Health  
Sciences for Women, Nawabshah,  
Shaheed Benazirabad.**



**SMART ID CARD REQUEST FORM**

**EMPLOYEE INFORMATION**

Application Type:

New Card

Duplicate Card  HBL Bank Slip No \_\_\_\_\_ Dated: \_\_\_\_\_

Employee Status: (Regular ..... ) ( Promoted .....or Upgraded ..... or Assign to Work.....)

Full Name (block letters): Aslam Kumbhar . BPS: BPS-18

Father's Name: \_\_\_\_\_ Designation: Deputy Controller

Home  
Address \_\_\_\_\_

Phone/Mobil: \_\_\_\_\_ PUMHS-Email: \_\_\_\_\_

Blood Group: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CNIC# \_\_\_\_\_

Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_

Valid up to: \_\_\_\_\_ Emergency Contact No (Alternate No): \_\_\_\_\_

Applicant's Signature

Computer Programmer

Chairman/Director/HODs

Registrar

Director I.T

Dated:

**Note:** Employee ID field may be filled by the Admin Office, PUMHS, S.B.A  
Please re-submit this Smart ID card request form along with HBL deposit slip of Rs.200/= for issuing renewal/duplicate card.  
Account Title: The Principal PMC, Account No. 0014390011136501 at HBL PUMHS Branch.