

Signature (Director Academics)

PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN NAWABSHAH, SHAHEED BENAZIRABAD

STUDENT SMART IDENTITY CARD REQUEST FORM

https://pumhs.edu.pk/

Passport Size Photograph
-
to.
ttached along with the
er Programmer)

Signature (Director I .T)

Application Type:												-			
New Student Card Duplicate Card HB	L Ban	k Slip	No_			D	ated:					 			
Personal Information												<u> </u>			
Name of Student (Capital letters)															
Father's Name (Capital letters)															
Date of Birth															
Name of Department															
Session															
Class Roll Number: (to be entered by the Admission Office for new students)	Valid up to:														
Student's Computerized National ID Card Number (CNIC)/Passport No.					-								-		
Blood Group															
Contact No.															
University E-Mail: (if provided)															
Current Home Address															
Note: - Attach the following documents;															
 Copy of CNIC. Copy of Student Admission Letter. Please attach one photograph of passpor In case of Renewal/Duplicate Smart ID CRequest Form. HBL Account Title: The Principal PMC, A 	Card,	The l	HBL	Depo	sit Sli	ip of	Rs.2						d alo	ong v	with the
Signature (Student)															
Signature (Director Admissions)							Sign	natur	e (Co	omļ	outei	r Prog	gramı	mer)	