

17 & Above- 150
1-4 - 80
5-16 - 100

DIGITAL IDENTITY CARD



UNIVERSITY TEACHERS/EMPLOYEES

APPLICATION FORM

Form should be filled in BLOCK LETTERS

1. Name: _____
2. Father's Name: _____
3. Designation: _____
4. CNIC No: _____
5. Date of Birth: _____
6. Section/Department/Institute: _____
7. Date of Initial Regular Employment: _____
8. Address: _____

9. Blood Group: _____
10. Contact No: _____

Note: A recent Passport size photograph must be loosely attached

Signature

Deputy Registrar (Estt)

Provost