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|  |  | **University of Management and Technology** |  |
|  |  | **Sialkot Campus** |  |
|  |  | **Office of Human Resources** |  |
|  |  | **Request Form for Outdoor Medical Card** |  |
| Employee Name: |  | Employee Code: |  |  |
| Designation: |  | Date of Joining: |  |
|  |  |  |  |  |  |
| School/Department: |  | CNIC No: |  |
| Residence Address |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Serial** | **Dependent Name** | **Relation with** | **Date of Birth** |  |
| **No.** | **Employee** |  |
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| 1. |  |  |  |  |
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| 2. |  |  |  |  |
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| 3. |  |  |  |  |
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| 4. |  |  |  |  |
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| 5. |  |  |  |  |
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| 6. |  |  |  |  |
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| 7. |  |  |  |  |
|  |  |  |  |  |

Applicant’s Signature: Date:

*Note: Please attach one* ***photograph each (size 1”x1”)*** *of yourself and your dependants with this form. Kindly write the concerned person’s name on the back side of the photograph.*