



Office of Human Resources Request Form for Outdoor Medical Card

Employee Name: _____ Employee Code: _____

Designation: _____ Date of Joining: _____

School/Department: _____ CNIC No: _____

Residence Address _____

| Sr. # | Dependant Name (Parents / Spouse / Children) | Relation with Employee | Date of Birth |
|-------|---|---------------------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |

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.*