



Office of Human Resources

Request Form for Outdoor Medical Card

Employee Name: _____ Employee Code: _____
Designation: _____ Date of Joining: _____
School/Office: _____ CNIC no. _____
Residence Address: _____

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

Applying for: (kindly check all that apply)

Self and Family ☐

Dependants only ☐

Applicant's Signature: _____

Date: _____

Note: Please attach one photograph each (size 1"x1") of yourself and your dependants in blue background with this form.
Kindly write the concerned person's name on the back side of the photograph.

For Office Use only

Employee Status: _____

Received By: _____

Date: _____