



UNIVERSITY OF MALAKAND

Chakdara District Dir Lower, Khyber Pakhtunkhwa, Pakistan
Phone: 0092-945-763441 (Ext. 3006), Fax: 0092-945-763491

Ref. No: _____

Dated: _____

PERSONAL DATA FOR SERVICE CARD

To be filled in Block / Capital Letters

1. Name: _____

2. Father Name: _____

3. C.N.I.C No: _____

4. Designation: _____ BPS: _____

5. Department/Institute: _____

6. Service Status: Regular Contract

7. Expiry of Contract Period:

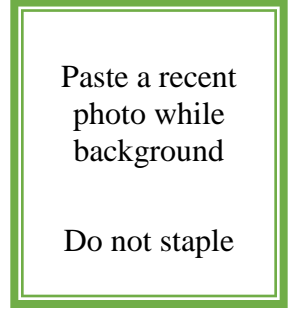
8. Permanent Address:

Moh: _____ Village: _____ P/O: _____

Tehsil: _____ District: _____

9. Blood Group: _____ Emergency No: _____

10. Phone No. _____ Cell No: _____



Certified that the above entries have been checked and found correct as per available record.

Applicant's Signature

Chairman/Head of Department
(Official Seal)

Countersigned By

REGISTRAR
(Official Seal)

Deposited Rs: _____ Receipt No: _____ Dated: _____ in Bank Account No: CA 802 – 4 NBP, UOM

Card No: _____ Issue Dated: _____ Card Status: _____