ID Card Registration

**Personal**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name  (In Capital Letters) |  | | | | | | | | | |
| Father’s Name  (In Capital Letters) |  | | | | | | | | | |
| Mother’s Name  (In Capital Letters) |  | | | | | | | | | |
| Nationality |  | | | National ID | |  | | | | |
| Gender | * Male * Female | | | Blood Group | |  | | Height | *feet* | *inch* |
|  |  |
| Date of Birth | / / | | | Email Address | |  | | | | |
| Passport No.  (Optional) |  | | | Driving License  (Optional) | |  | | | | |
| Identification Sign (Optional) |  | | | | | | | | | |
| Present Address |  | | | | | | | | | |
| Permanent Address |  | | | | | | | | | |
| **Official** | | | | | | | | | | |
| Department | |  | | | | | | | | |
| Faculty | |  | | | | | | | | |
| Designation | |  | | | Joining Date  (dd/mm/yyyy) | | / / | | | |
| Email Address | |  | | | | | | | | |
| Official Phone | |  | | | Mobile No. | |  | | | |
| Telephone No. | |  | | | Fax (Optional) | |  | | | |
| Emergency No. | |  | | | TIN (Optional) | |  | | | |
| Additional Responsibility | | |  | | | | | | | |

* I do hereby declare that all of the information given above is true and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| -----------------------------------  Signature of the Teacher  (above the dotted line & without date) | --------------------------------------------  Chairman of the Department  (Signature with seal) |
|  |  |