Form No: CL4/_____

Human Resource Information Form NKBM Hospital Peshawar

Passport Size Picture

Title (Mr, Mrs)*: _____

Full Name (As per CNIC)*: _____

Father / Husband Name*: _____

Date of Birth*: _____

CNIC #*: _____

Domicile*: _____

Date of Arrival at NKBM*: _____

Designation* : _____

Unit / Department*: _____

Shift*: _____

Basic Pay Scale*: _____

Employment Status*: Permanent ☐ Contract ☐

Mobile # (Whatsapp)*: _____

Postal Address: _____

Email Address: _____

Signature_____

Office Use Only

Serial Number: _____

Biometric ID Number: _____

File Number: _____