

DETAILS OF THE FAMILY MEMBERS/DEPENDENTS FOR MEDICAL TREATMENT

INFORMATION REGARDING EMPLOYEE

Name	
Father's Name	
Designation	
BPS	
CNIC No:	
Department/Section	
Date of Regular Appointment	

INFORMATION REGARDING EMPLOYEE'S FAMILY MEMBERS

S.No	Name	CNIC or (Form B) No:	Date of Birth	Relationship with the Employee
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

COUNTERSIGNED BY HEAD OF THE DEPARTMENT