

**DEPENDENT ROLL FORM FOR ISSUANCE OF
MEDICAL BOOK**2 x Latest
Photograph
(Passport Size)**MR No.** _____**BookNo.** _____**Reg. Page No.** _____

1. Name of Employee _____ 2. Father's Name _____
3. Designation & BPS _____ 4. Date of Appointment _____
5. Date of Birth _____ 6. CNIC# _____
7. Place of Posting _____ 8. Project _____
9. Nature of Appointment (Tick Relevant) (Regular/Contract/Deputation/Retired/Consultant)
10. If other than Regular employee mention period From: _____ To: _____
11. Medical Option (Tick Relevant) Medicine / Medical
12. Residential / Postal Address _____
- _____
13. Permanent Address _____
- _____
14. Contact Numbers: Tel (Res) _____ Tel (Off) _____ Cell No. _____
15. Attachment: i. Office Order, ii. 2 Photos, iii. NADRA Form – B, iv. CNIC, v. Old Medical Book

Particulars of Dependents

Sr. No.	Name	Relation	DOB	Age	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					

I declare that the information given regarding above named persons are dependents upon me. I also hereby undertake that my parents / spouse are not serving in Government Organizations. I will not claim any medical facility to my son after 25 years age or in case of joining any service even before 25 years. Further, in case of marriage of dependent daughter I will inform accordingly.

Signature of Employee _____

Signature _____

Date: _____

Designation with BS _____

Date: _____

(Officer In-charge with Stamp)