



**GOVERNMENT OF PAKISTAN
NATIONAL HIGHWAY AUTHORITY
ESTABLISHMENT DTE (Welfare Bureau)**
SAY NO TO CORRUPTION

PARTICULARS OF EMPLOYEES & DEPENDENTS FOR HEALTH IDENTITY CARD

Name		Father Name	
Designation		BPS	
HQ/Region		Bio Metric No.	
Date of Birth		Place of Posting	
Date of Joining		CNIC	
Contact No.			
Nature of Employment (Tick the relevant)	Regular	Contract	Consultant
Marital Status (Tick the relevant)	Married	Un Married	
Current Status (Tick the relevant)	Working	Retired	Deputation
	Deceased	Other (Specify)	

DETAIL OF DEPENDENTS

Sr. No.	Name	CNIC/From-B	Date of Birth	Relation	Gender	Place Picture in the relevant box
1						
2						
3						
4						
5						

DETAIL OF DEPENDENTS

Sr. No.	Name	CNIC/Form-B	Date of Birth	Relation	Gender	Place Picture in the relevant box
6						
7						
8						

Note: Copies of CNIC/Form-B (for dependants under the age of 18 years) dependants order and two Passport size photographs of all employees and their dependants may be attached with the form. Please use extra pages for dependant's detail (if required)

I hereby declare that the information given above is correct. I will not claim any medical facility to my son after 25 years or in case of joining any service even before 25 years. I further undertake that I will not claim medical facility for my married daughters. Further, in case of marriage of dependent daughter I will inform accordingly.

I hereby certify that information given in this form is absolutely true. Any information found false, shall be treated as breach of trust and I shall be liable for Disciplinary action according to E&D rules NHA Code 1995.

Note: Pictures provided of each dependant shall be revised after every 5 year.

Signature of Employee

Countersigned by
Officer Incharge