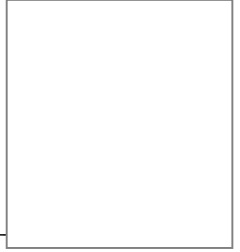


**APPLICATION FORM FOR ROOM ALOTMENT IN
OLD / NEW/AL-KHAIR HOSTELS.**



Computer No. _____ Date of Application _____

Room No. _____ Name of Hostel. Old/New/Al-Khair _____

Date of Occupation of Room _____

Name _____ Father's Name _____

Complete Home Address: _____

Ward _____ Speciality _____ Contact No. _____

Designation _____ FCPS/MCPS/DGO/DCH/DTCD/DLO _____

Date of Starting Training: _____ Date of Completion. _____

In case of emergency name of person to be contacted: _____

Relation: _____ Contact No. _____ Address _____

Name and Signature of Supervisor _____

I solemnly declare that the above information is correct. If any discrepancy is found, the authority has the right to cancel my allotment and initiate disciplinary action against me. I solemnly declare that on completion of my training/transfer from the institution/promotion, I will vacate the room/Flat/Bungalow according to the hospital accommodation rules.

I shall handover the room Physically to Administration before issuance of clearance and training certificate from administration of Hospital and PGMI.

Signature of the applicant.

Documents required:

- 01) Copy of CNIC
- 02) Photocopy of Office Order
- 03) Passport size photograph

Verified by Ward Incharge