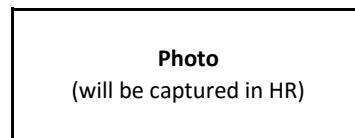


Lady Reading Hospital (MTI), Peshawar
Employee Information Form

Employee Type

- Civil Employees
- Institutional Employee
- MTI Employee



Employee Name: _____ Father/Husband Name: _____

Designation: _____ Date of Joining: _____

CNIC No: _____ Date of Birth: _____

Domicile: _____ Blood Group: _____ Religion: _____

Gender: _____ Mobile: _____ Marital Status: _____ Email ID: _____

Present/Postal Address: _____

Permanent Address: _____

For MTI Employees Only

Contract Start Date: _____ Contract End Date: _____

Contract Renewal Date (if any): _____

Type of Staff/Employee

- Doctor
- Nurse
- Engineer
- Paramedic

Type of Registration

- PMDC
- PNC
- PEC
- Medical Faculty Board

Registration No: _____ Date of Registration: _____

Date of Issuance: _____ Date of Expiry: _____

Department Information

Current Department: _____ Supervisor Name: _____

Employee Cadre

- | | |
|--|--|
| <input type="checkbox"/> Teaching Specialist Cadre | <input type="checkbox"/> IT Cadre |
| <input type="checkbox"/> Dental Surgeon Cadre | <input type="checkbox"/> Ministerial Cadre |
| <input type="checkbox"/> General Cadre | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Management Cadre | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Specialist | <input type="checkbox"/> Class IV |

Employee Signature: _____

Date: _____