

**EMPLOYMENT BIO DATA FORM**

Employee details			
<b>Title</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Dr Ms <input type="checkbox"/> Prof. <input type="checkbox"/> Pr. Dr <input type="checkbox"/> Mx	<b>E.code (For office use)</b>	<b>First name</b>	<b>Last name</b>
	<b>Father name</b>	<b>Date of Birth (DD.MM.YYYY)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Birth place</b>
	<b>Country of birth</b>	<b>State</b>	<b>Nationality</b>
	<b>Second nationality</b>	<b>Religion</b>	<b>Marital status</b>
<b>Married since</b>	<b>No. of children</b>	<b>Blood group</b>	<b>Next of kin</b>
<b>National tax no. (NTN)</b>		<b>Reg. no (PEC, PMDC) If applicable</b>	
<b>CNIC No</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Languages known</b>	

Contact details			
<b>Address type</b> <input type="checkbox"/> Mailing <input type="checkbox"/> Permanent <input type="checkbox"/> Present <input type="checkbox"/> Emergency <input type="checkbox"/> Temporary	<b>Care of</b>		
	<b>Street and house no.</b>	<b>Postal code</b>	<b>City</b>
<b>District</b>	<b>Region</b>	<b>Country</b>	
<b>Mobile no.</b>	<b>Landline no.</b>	<b>Official no.</b>	
<b>Personal email</b>		<b>Official email</b>	

Emergency contact details			
Name	Relationship	Contact no.	Address

Family details				
Family member name	Relation	Date of birth	Occupation	CNIC #


Professional references				
Name	Organization	Designation	Contact no.	Email

Employee banking details				
Bank name	Branch name	Branch code	Account title	Account number

For employee	
<p>I hereby declare that the above information is accurate and complete to the best of my knowledge. In case any of the above information is found incorrect my application is liable to be cancelled and I shall abide by the University decision/action taken in this regard.</p>	
Employee name _____	Signature _____

For Human Resource use only	
<p>Comments (if any)</p>	
Name _____	Signature _____