



IT SERVICES

GC University, Faisalabad

EMPLOYEE ID CARD PROFORMA

Affix a passport size photograph here

Name of Officer/Official: _____

Father's Name: _____

Department/ Branch: _____

Designation: _____ BPS /Monthly Consolidated Salary Rs.:

Employee Type: Permanent Temporary Contractual
 Deputation HEC-IPFP
 Visiting HEC-TTS

**In Case of contractual employee, duration of contract must be filled.*

Duration of Contract: - - to - -

CNIC: - Blood Group:

Current Address: _____

Permanent Address: _____

Signature of Applicant

Office Contact No: Ext:

Cell No:

Residence No.:

Important Note: Please attach a copy of CNIC and Job orders/Notification

| Recommended By: | |
|--|---|
| Chairman/ Chairperson/ Coordinator/ Incharge: | <input style="width: 100%; height: 40px;" type="text"/> <p style="text-align: center; font-size: small;">(Signature with Official Stamp)</p> |
| Dean of Faculty/ Director: | <input style="width: 100%; height: 40px;" type="text"/> <p style="text-align: center; font-size: small;">(Signature with Official Stamp)</p> |

For Official Use Only:

APPROVAL

Issued Not Issued

Remarks: _____

IT Manager:
(Signature with Official Stamp)

CARD ISSUANCE

Prepared By: _____

Signature: _____

Date: _____

Name of Receiver: _____

Signature: _____

Date: _____