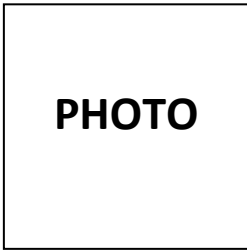




**Azad Jammu Kashmir Medical College  
Muzaffarabad.  
SERVICE /STAFF CARD FORM.**



**PHOTO**

**Official Card No.** \_\_\_\_\_

**Card Holder Signature.**



Name																			
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Father's Name																			
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Designation																		BPS	
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Date of Birth				-															
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Address:																			

Blood Group	
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Emergency Contact No.														
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**Names of Dependents with Relation (Attach Form-B and ID card Copy)**

S.No	Name of Dependent	Relation
1.		
2.		
3.		
4.		
5.		
6.		

Date of Joining				-										
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I affirm that all the particulars mentioned above are correct. I will be responsible for any statement given in this form.

\_\_\_\_\_  
**Card Holder Signature.**

<p><b><u>Verified by HR Department</u></b> Name of verifying person: _____ Signature: _____ Date of Verification: ____/____/____</p>	<p align="center"><b>Approved by</b> <b>Principal AJKMC.</b>_____</p>
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