INSTITUTE OF BUSINESS ADMINISTRATION
KARACHI

MEDICAL FORM

Employee Name: _____

Designation: _____ BPS/Grade: _____

Date of Appointment _____ Blood Group _____

N.I.C.# _____ Date of Birth: _____

Address : _____

_____

Tel (Res.) _____ Mobile: _____

LIST OF DEPENDENTS (PARENTS, SPOUSE & CHILDREN)

S.No.	Name	Relationship	Date of Birth

Note: Submit following documents along with this form:

1. N.I.C copy / Birth Certificate / B Form
2. Three Passport size photographs of employee and all as Dependants.
3. Copy of Appointment / Contract Renewal letter.

Employee Signature