

SUBMISSION DATE: _____

RECEIPT NO. _____



MIR CHAKAR KHAN RIND UNIVERSITY OF TECHNOLOGY
DERA GHAZI KHAN
Directorate of Students Affairs

Application for the University Identity Card for Staff

NAME: _____

FATHER'S NAME: _____

DESIGNATION: _____

DEPARTMENT / INSTITUTE _____

FACULTY _____

SERVICE STATUS: Regular / Adhoc / Contract / Visiting / DPL BLOOD GROUP _____

PHONE NO. _____ EMAIL ID _____

CNIC NO. _____ (Attach a copy of CNIC)

PRESENT ADDRESS _____

PERMANENT HOME ADDRESS: _____

APPLICANT SIGNATURE: _____

DEGREE COORDINATOR / INCHARGE SIGNATURE: _____

For DSA Office Only

PIN: _____ Picture Code: _____

Data Entered & verified _____

Approved for Card Issue:

DIRECTOR STUDENTS AFFAIRS