



ALLAMA IQBAL OPEN UNIVERSITY
SECTOR H-8, ISLAMABAD

EMPLOYEE IDENTITY CARD

Employee No: _____

Name: _____

Father Name: _____

Designation: _____

BPS: _____

CNIC: _____

Permanent Address: _____

Paste Picture

Job Status: (Please tick) Regular Contract Deputation Daily Wages

Emergency Contact: _____ Blood Group: _____

Instruction:

- i. Employee identity card will be carried by the person when on duty at University only. This card should be displayed during the working hours.
- ii. The loss of employee card must be reported immediately to the issuing Authority.
- iii. Employee's Signature must be Prominant as it will be scanned.

Employee Signature

(Must be signed by black thick marker)

Head of Department

REGISTRAR DEPARTMENT (*Official Purpose*)

Verified by: _____

Issuing Authority

COMPUTER CENTER (*Official Purpose*)

Date of Issue: _____ Date of Expire: _____