UNIVERSITY OF ENGINEERING & TECHNOLOGY TAXILA DSA OFFICE Employee BIO Data Form

Name Father's Name Designation Department	
Designation	
Department	
CNIC No.	
Gender	
Date of Birth	
Blood Group	
Qualification	
Date of Appointment	
Date of Retirement / Expire of Contract	
Nature of appointment	
Mobile No	
Phone Off	
Phone Resident	
E-mail Address	
Resident/Non-Resident	
Mailing Address:	
Permanent Address:	
Next to Kin	
Phone No	

Signature of Employee: _____

Counter Signed by the Chairman: _____

Verified by Registrar: _____

Instructions:

- 1. The employee will submit their forms in Registrar office and their data form will be verified by same office.
- 2. At the time of clearance card will be returned to Registrar office.
- 3. Photograph will be taken in DSA office.