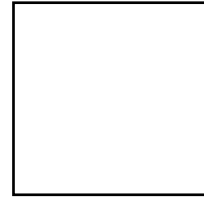


STAFF SERVICE CARD FORM



Name: _____

Father Name: _____

Designation: _____

Address: _____

Phone # (Off): _____ Phone # (Res): _____

Mobile: _____ Blood Group: _____

N.I.C # _____

Date: _____ Signature: _____

Contract Regular Daily Wages Work Charge

Verified By (HOD): _____

Card Fee: Rs 100/- Deposit in NBP Medical College Branch.