

UNIVERSITY OF SAGODHA
DIRECTORATE OF ACADEMICS
Proforma for University ID Card for Staff

Date: _____

Diary No: _____

Tick one of the following

Issue New Card Already exists (Card Expired, Card stolen, Card lost)

Employee Name: _____

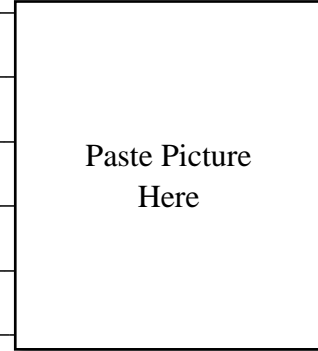
Father's Name: _____

Designation: _____

Department: _____

CNIC No: _____

Residential Address: _____



Phone (off) _____ Phone (Res) _____ Phone (Cell) _____

Tick one of the following

Regular Contractual Temporary Daily Wages Any Other

Note: In Case of expiry of card please attach the original copy of your expired card with this slip.
If you are a new employee please the attach the copy of office order with this slip.
In case of stolen or lost card please report to your department immediately.

**Signature of Head of
Department with stamp**