

OFFICE OF THE CHIEF SECURITY OFFICER.

SECURITY DEPARTMENT

SHEIKH ZAYED MEDICAL COLLEGE / HOSPITAL RAHIMYARKHAN  
TEL: 068-9230164EXT.292MOB:0305-9671243,FAX: 0689230162  
WEB: www.szmc.edu.pk EMAIL: cso@szmc.edu.pk



**Application for Issue of Identity/Service Card for Employees of  
Sheikh Zayed Medical College/Hospital Rahim Yar Khan**  
(TO BE FILLED IN CAPITAL LETTERS)

Recent  
Photograph of  
Applicant  
1.5 x 1.0

Appointment No. \_\_\_\_\_ Employee Status: Regular/ Contract/ Adhoc/ Daily Wages

Applicant Name \_\_\_\_\_ SO/DO/WO: \_\_\_\_\_

Designation: \_\_\_\_\_ Grade: \_\_\_\_\_ Department: \_\_\_\_\_

CNIC No: \_\_\_\_\_ Cell: \_\_\_\_\_

Identification Mark: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Address : \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Verified by (HoD/Office Superintendent / Admin Officer)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp:

**Note:** Fee of New/ Duplicate ID card Rs. 50/- in advance while submitting application form.