APPLICATION FORM FOR NEW WAPDA IDENTITY CARD

1. Name of Employee: _____

2. Father's Name: _____

3. Date of Birth: _____

4. Designation: _____ BPS: _____

5. Date of Appointment: _____ Date of Present Posting: _____

6. Name of Office & Address: _____

7. Blood Group: _____

8. Identification Mark: _____

9. Present Address: _____

10. Permanent Address: _____

11. National Identity Card #

					-								-	

Date: _____ **Signature of Applicant**