



University Card Form

Name: _____

Father Name / Husband Name: _____

Job Title/ Designation: _____

Department: _____

Contact No: _____ Emergency No: _____

CNIC: _____ Blood group: _____

Permanent Address: _____

Current Address: _____

Office Address: _____

Nature of Job: (Permanent/ Contract/ any other) _____

Issue Date: _____ Expiry Date: _____

Head of Department

Registrar

Applicant

Signature & Stamp.

Signature & Stamp

Signature

Note:

1. Please fill all information carefully.
2. Email softcopy of this filled form and a scanned picture with white background (preferable) at zain.ntc@must.edu.pk.
3. Hardcopy of this form is mandatory for card printing.
4. Send Hardcopy to Mr. Zain Khan Chief Tech. NTC Department (Datacenter) MUST.
5. Original bank Challan of RS.300 must be attached with the form.