

Biometric Attendance Registration Form

(Form to be filled in Block Letters)

EMPLOYEE NO.	<input type="text"/>	SALUTATION	<input type="text"/>
EMPLOYEE FIRST NAME	<input type="text"/>		
EMPLOYEE LAST NAME	<input type="text"/>		
FATHER/ HUSBAND NAME	<input type="text"/>		
CNIC #	<input type="text"/>	NTN #	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	RELIGION <input type="text"/>
GENDER	<input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED
NATIONALITY	<input type="text"/>	PHONE	<input type="text"/>
MOBILE	<input type="text"/>	<input type="text"/>	
EMAIL	<input type="text"/>		
DESIGNATION	<input type="text"/>	BPS	<input type="text"/>
DIRECTORATE	<input type="text"/>	WING	<input type="text"/>
LOCATION	<input type="text"/>	DEPT CODE	<input type="text"/>
APPOINTMENT DATE	<input type="text"/>	CONFIRMATION DATE	<input type="text"/>
DATE OF RETIREMENT	<input type="text"/>	EMPLOYEE TYPE	<input type="text"/>
SHIFT	<input type="checkbox"/> YES <input type="checkbox"/> NO	OVERTIME ENTITLED	<input type="text"/>
DY. DIRECTOR: (NAME)	<hr/> <hr/>		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
(SIGNATURE)	<hr/>		
<div style="border: 1px solid black; padding: 5px;">FOR OFFICIAL USE ONLY</div>			
ACTIVE	<input type="text"/>	EXEMPTED	<input type="text"/>

(STAMP)