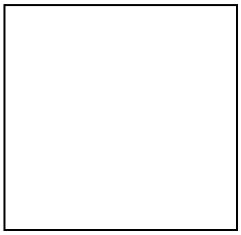
STAFF SERVISE CARD FORM



Name: _____

Father Name: _____

Designation: _____

Address: _____

_____

Phone # (off): _____ Phone # Res: _____

Mobile: _____ Blood Group: _____

N.I.C. #:

					-								-	

Date:_____ Signature:_____

Verified By (HOD): _____

Card Fee: Rs.100/- Deposit in NBP Medical College branch.