

Employee Number: _____

Employee Name: _____

☐ Permanent ☐ Contractual ☐ Company Contract

Designation: _____

Department: _____

C.N.I.C. No.: _____

Location: _____

In case of re-issue please state the reason: _____

Address of the work place of employee: _____

Attach color size photograph
with white background

Employee Signature: _____

Line Manager/
Immediate Supervisor _____**Authorisation:**_____
Head of Department Signature_____
Manager HR Signature