

## **DOCUMENTS REQUIRED**

- 4 Passport Size Photographs
- 4 Copies of CNIC
- Copy of Accepted Resignation
- Copy of CV/Resume
- Attested copies of Educational Certificates, (Matric, FSC, Bachelors, and Master etc.)
- Copies of all Experience Certificates
- Copies of all other related documents that you have mentioned in this form
- Copy of Beneficiary CNIC



## Starter Kit

### Welcome to HRSG!

We are delighted to have you onboard, and look forward in making this association mutually beneficial. In addition to offering competitive compensation and benefits to its employees, HRSG strives to ensure that you meet your personal developmental and career goals. We continually evaluate your changing needs to offer:

- ◆ Competitive compensation and benefits program
- ◆ Professional development and career advancement opportunities
- ◆ Progressive work experience and job enrichment

#### Benefits:

- ◆ Gratuity for each completed year of service
- ◆ Group Life Insurance coverage as per law
- ◆ Medical benefits for employees through Social Security / Health Insurance plan (where applicable)
- ◆ EOBI – Pension plan for employees
- ◆ Leave benefits for employees as per entitlement

To complete your induction process, please fill the

attached forms and submit related documents along with the following:

- Employee Data Form
- Joining Report Form (duly endorsed)
- Employee Identity Card Information Form
- Declaration of Secrecy (if applicable)
- EOBI Registration Form (if applicable)
- ESSI Registration Form (if applicable)
- Copy of resume
- Academic certificates (duly attested)
- 2 copies of CNIC (NADRA)
- 3 color passport size photographs
- Copy of most recent payslip
- Acceptance of Resignation letter from last employer (if applicable)
- Employment certificates from all previous employers (if applicable)
- Police Verification (if applicable)

Once again, we congratulate you, and hope that this association will be a mutually rewarding experience.

Sincerely,

**HRSG Outsourcing (Private) Ltd.**

## 1. Personal Data

### 1.1. Personal Information

Name: \_\_\_\_\_  
 (as per CNIC)

Father's / Husband's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Date of Birth: 

d	d

m	m

y	y	y	y

 Place of Birth: \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Not Married  Married  Divorced  Widowed

Date of Marriage: 

d	d

 - 

m	m

 - 

y	y	y	y

 Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_

Blood Group: \_\_\_\_\_ Mark of Identification: \_\_\_\_\_

CNIC No. 





Issue Date	Expiry Date																				
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Driving License No: \_\_\_\_\_

Passport No: \_\_\_\_\_

NTN No: \_\_\_\_\_  
(if applicable)

EOBI No: \_\_\_\_\_  
(if already registered)

### 1.2. Contact Details

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Nearest Landmark: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Nearest Landmark: \_\_\_\_\_

Personal Email Address (Gmail, Yahoo, Hotmail, etc): \_\_\_\_\_

Residence Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

### 1.3. Bank Account Details

Account Title: \_\_\_\_\_

Account No: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Please attach  
two (2) passport  
size photographs

**1.4. Work History** (Please list all previous employments in chronological order, last employer first.)

Company Name	Service Duration		Designation	Department	Last Drawn Salary	Reason for Separation
	From	To				

**1.6. Education** (Please attach attested copies of all your degrees and certificates.)

Type of Qualification	Majors	Year of Passing	Name of Institute	City	Country
<input type="checkbox"/> Master's Degree					
<input type="checkbox"/> Bachelor's Degree					
<input type="checkbox"/> Intermediate/A-Level					
<input type="checkbox"/> Matric/O-Level					
<input type="checkbox"/> Other: (please specify)					

**1.7. Dependents Information** (Please use separate sheet for additional information)

Name (as per CNIC)	Relationship	Date of Birth							CNIC / B. Form No.		
		d	d	m	m	y	y	y			
		-	-						-		-
		-	-						-		-
		-	-						-		-
		-	-						-		-
		-	-						-		-
		-	-						-		-

**1.8. References**

Referee's Name	Designation	Address	Contact No.	E-mail Address
----------------	-------------	---------	-------------	----------------

**1.8.1. Personal References** (Exclude Blood Relatives)


**1.8.2. Last Employment References**

a) Supervisor/Manager


b) HR Representative


**1.8.3. Others**


## 2. Beneficiary's Data

I \_\_\_\_\_, S/o W/o D/o \_\_\_\_\_ hereby nominate the person(s) mentioned below to receive in the event of my death the sum assured under the Group Life Insurance Policy, Provident Fund and or Gratuity Scheme.

Name of Nominee(s)	Nominee's CNIC No.	Address	Relationship	Share of Amount to be paid in %
--------------------	--------------------	---------	--------------	---------------------------------

### 2.1. Gratuity and or Provident Fund (whichever is applicable)


### 2.2. Group Life Insurance

#### a) Natural Death


#### b) Accidental Death


**Note:** Please attach a copy of Nominees' CNIC / B-Form.

## 3. Declaration

I hereby declare that the above information provided by me is true, complete and correct to the best of my knowledge & belief. I understand that any misrepresentation or material omission made in this form renders me liable to dismissal from the service of the Company at any time.

I also agree and confirm that the payment to the above mentioned nominee(s) as per share mentioned against each will completely discharge **HRSG Outsourcing (Private) Ltd.** from its liability in respect thereof.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
(as per CNIC)

#### Witness 1:

Name: \_\_\_\_\_

CNIC No: \_\_\_\_\_

Address: \_\_\_\_\_

#### Witness 2:

Name: \_\_\_\_\_

CNIC No: \_\_\_\_\_

Address: \_\_\_\_\_

Signature with Date: \_\_\_\_\_

Signature with Date: \_\_\_\_\_

To: \_\_\_\_\_  
**HRSG Outsourcing (Private) Ltd.**

From: \_\_\_\_\_  
(Name of Employee)

Services Assigned To: \_\_\_\_\_  
(Name of Client)

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Location: \_\_\_\_\_

Starting Salary: \_\_\_\_\_

Reference: HRSG Employment Offer Letter No. \_\_\_\_\_ Dated: 

d	d

m	m

y	y	y	y

I wish to inform you that I have joined duty with effect from 

d	d

m	m

y	y	y	y

 (FN/AN)\*

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Signature of Employee  
(as per CNIC)

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Signature of  
HR Coordinator / Supervisor

---

Date

---

Date

\*Fore Noon / After Noon



## **Employee Identity Card Information Form**

**Please complete this form in CAPITAL LETTERS**

Services Assigned To: \_\_\_\_\_  
(Name of Client)

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Identification Mark: \_\_\_\_\_

Blood Group: \_\_\_\_\_

**In Case Of Emergency Please Notify**

Name: \_\_\_\_\_

**Relationship:**  Spouse  Partner  Child  Parent  Sibling  Relative  Other

Telephone (Office): \_\_\_\_\_ (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

**Signature of Employee** ➔  
(as per CNIC)

(Please sign within box)

**For Office Use Only**

Employee No. \_\_\_\_\_ Date of Joining: \_\_\_\_\_

Remarks: \_\_\_\_\_

In consideration of \_\_\_\_\_ approval granted to **HRSG Outsourcing (Private) Ltd.**  
(Name of Client)

to utilize my service I agree:

1. That I shall not use, divulge, or communicate to any person (other than those whose provenance it is to know the same or with authority from \_\_\_\_\_ or as required by any government, statutory or other such organization) any trade secrets of information which are for the time being confidential to \_\_\_\_\_ and are not in the public domain (Confidential Information) which I may have received or obtain during the course of my employment with HRSG Outsourcing (Pvt) Ltd.  
(Name of Client)
2. That this restriction shall continue to apply indefinitely without limit in point of time, but shall cease to apply to information or knowledge which may come into the public domain otherwise than through the unauthorized disclosure by me or due to my fault. I undertake to return to \_\_\_\_\_ upon request from HRSG all materials, whether documentary or otherwise, together with copies thereof containing Confidential Information and not to take further copies of the above mentioned documents or materials after being requested to return them to you;
3. Where \_\_\_\_\_ shall have obtained Confidential Information from any third party under an agreement which includes any restriction on disclosure known or which is made known to me, I shall not, without the prior consent in writing of \_\_\_\_\_  
(Name of Client)  
at any time whether during the term of the Agreement between HRSG Outsourcing (Pvt) Ltd and \_\_\_\_\_ or after its termination for whatever cause, infringe such restrictions.  
(Name of Client)

Yours Sincerely,

\_\_\_\_\_  
Signature of Employee  
(as per CNIC)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_



## **EMPLOYEES' OLD-AGE BENEFITS INSTITUTION**

FORM: PE - 01  
(Revised)

## **APPLICATION FOR EMPLOYEE'S REGISTRATION**

ترشیحت برانج رجسٹریشن کارڈ

- |  |                       |       |       |
|--|-----------------------|-------|-------|
| 1. Name (In block letters)<br>as shown in the National Identity Card                       | _____                 |       |       |
| نام ایڈنٹیٹی کارڈ پر ملکی خانے کی طور پر لکھا گئے ہے                                       |                       |       |       |
| 2. Sex <input type="checkbox"/> M/F<br>جنس   | _____                 |       |       |
| 3. Father's / Husband's Name   | _____                 |       |       |
| 4. Date of Birth   | Day                   | Month | Year  |
|  | _____                 | _____ | _____ |
|  | (In words) _____      |       |       |
| 5. National Identity Card No.<br>(Please enclose photocopy of both sides)                  | _____ - _____ - _____ |       |       |
| نامہ کا نمبر (دو سوچ کے ساتھ) _____ - _____ - _____  |                       |       |       |
| 5.A Nadra National Identity Card No.   | _____ - _____         |       |       |
| 5.B Family Code<br>خانہ کا کد  | _____                 |       |       |
| 6. Present Address<br>مکان میں واقعہ   | _____                 |       |       |
| Permenant Address<br>سکونت مکان  | _____                 |       |       |
| Certificate of Employer<br>امدادات دہنے والے کا ٹکٹ  |                       |       |       |
| 7. Employment of the above employee began on   | _____                 |       |       |
| نامہ کا کام کا شروع  |                       |       |       |
| 8. Date of applicability of the scheme   | _____                 |       |       |
| نامہ کا کام کا شروع  |                       |       |       |
| 9. National Identity Card checked and details<br>shown on this form are certified correct. | _____                 |       |       |
| نامہ کی جاتی ہے کہ قومی نامہ کا جانکاری کی امور کے درجے میں کوئی کوئی حساب سے درست ہے۔     |                       |       |       |
| 10. Name of establishment  |                       |       |       |
| کام کا نام   |                       |       |       |
| Worker's Signature / _____   |                       |       |       |
| Worker's Thumb Impression / _____  |                       |       |       |

Seal of the  
Establishment

**Signature of Employer**

Name \_\_\_\_\_

Designation \_\_\_\_\_

FOR OFFICE USE ONLY

## صرف و فری استعمال کلے

EOBI Registration Card No.  -  -  -

### PI-03 issued/not issued

## **Declaration of Fact and Consent**

I \_\_\_\_\_ declare that to the best of my knowledge all the particulars furnished by me in this form and the documents submitted as part of my application for employment are complete, true and correct, and I realize that any false representations contained in this form will entitle **HRSG Outsourcing (Pvt) Ltd.** to either reject my application or terminate any employment that may ensue between myself and the Company. I understand that the names and biographical details of employees who are dismissed for dishonesty related misconduct and/or dishonesty related criminal conviction, may be listed on a central database held by local Banking institutions and/or Government registers and that such information may be accessed by other employers who participate in the database. I confirm and agree that in the event of any changes to my personal status, address, dependents, qualifications, credit/financial status and criminal record, I will, within reasonable time, inform the company, in writing, of such. I agree and give the Company explicit consent to carry out any checks as it may deem necessary. I hereby consent to **HRSG Outsourcing (Pvt) Ltd.** and its authorized third parties to perform reference checks on my employment, verify the information I have provided, conduct comprehensive background enquiries including credit checking (if required) and take up my personal, academic and employer references. I understand that in some circumstances searches may continue to be made during my course of employment and I consent to this. If appropriate this will include overseas enquiries and I therefore authorize the transfer of my personal data outside Pakistan in course of processing consent to the release of personal data to my referees; to credit agencies, government bodies and other such third parties as may be reasonably necessary in the course of processing also consent to the recipient of such enquiries to provide the data requested by them. I understand that my offer is subject to the terms contained in the offer and I release all persons or entities from any and all liability which could accrue from their disclosure of information in response to your enquiries.

Applicant's full names \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please attach a photocopy of your CNIC

## **Commitment and Declaration Statement from Employees**

### **Definitions:**

**"First Degree Relative(s)"** wherever used in this document shall include Parents, Spouses, Fiancés/Fiancées and Children.

**"Second degree relative(s)"** wherever used in this document shall include Brothers, Sisters, their spouses and Grandparents.

**"Third degree relative(s)"** wherever used in this document shall include Uncles, Aunts, Nephews and Nieces.

**"Fourth degree relative(s)"** wherever used in this document shall include cousins and their spouses.

**"the Company"** wherever used in this document shall mean CMPak Limited.

### **The Statement:**

I \_\_\_\_\_ S/O,D/W/O \_\_\_\_\_ presently interviewing for the position of \_\_\_\_\_ in CMPak Limited ("the Company") do solemnly affirm, declare and promise that I shall;

1. comply with the policies and procedures of the Company as implemented and amended from time to time;
2. abide by the Company's code of conduct;
3. fulfill job responsibilities faithfully, honestly and with self-discipline;
4. not use the power and influence of the position to seek inappropriate benefits from anyone or otherwise harm or cause to harm business interests of the Company;
5. not receive any gift or consideration of any kind from anyone as an incentive or reward for doing any action in relation to obtaining and/or in the execution of any contract with the Company;
6. not receive any gift or consideration of any kind from anyone as an incentive or reward for showing favor to any person in relation to any affair concerning business of the Company; and that
7. I do not have any direct or indirect relationship with;
  - I. any permanent or contractual employee of the Company except as disclosed below; (Tick 'Yes' to make a disclosure, otherwise tick 'No')

Yes

No

*(If ticked yes, then make a disclosure in Annexure-A)*

- II. any individual who is the owner/partner/director of or otherwise holds or controls a direct or indirect stake in an organization which is or has been engaged in providing any goods and/or services to the Company, except as disclosed below; (Tick 'Yes' to make a disclosure, otherwise tick 'No')

Yes

No

*(If ticked yes, then make a disclosure in Annexure-B)*

- III. any individual who is the owner/partner of or otherwise holds or controls a direct or indirect stake in any Franchise of the Company, except as disclosed below; (Tick 'Yes' to make a disclosure, otherwise tick 'No')

Yes

No

*(If ticked yes, then make a disclosure in Annexure-C)*

- IV. any individual who is the owner/partner of or otherwise holds or controls a direct or indirect stake in any estate or property (including but not limited to BTS sites, vehicles and office/warehouse locations under the use of the Company) which is or has been leased by the Company, except as disclosed below; (Tick 'Yes' to make a disclosure, otherwise tick 'No')

Yes

No

*(If ticked yes, then make a disclosure in Annexure-D)*

9. and that;

- I. I am not the owner/partner/director of or do not otherwise hold or control a direct or indirect stake in an organization which is or has been engaged in providing any goods and/or services to the Company, except as disclosed below; (Tick 'Yes' to make a disclosure, otherwise tick 'No')

Yes

No

*(If ticked yes, then make a disclosure in Annexure-E)*

- II. I am not the owner/partner of or do not otherwise hold or control a direct or indirect stake in any Franchise of the Company, except as disclosed below; (Tick 'Yes' to make a disclosure, otherwise tick 'No')

Yes

No

*(If ticked yes, then make a disclosure in Annexure-F)*

- III. I am not the owner/partner of or do not otherwise hold or control a direct or indirect stake in any estate or property (including but not limited to BTS sites, vehicles and office/warehouse locations under the use of the Company) which is or has been leased by the Company, except as disclosed below; (Tick 'Yes' to make a disclosure, otherwise tick 'No')

Yes

No

*(If ticked yes, then make a disclosure in Annexure-G)*

10. and that, I undertake to furnish a separate statement of disclosure to the HR department of the Company within 10 business days of any change in the particulars furnished above, and if I am found to be in breach of the commitment/declaration maintained above, I will voluntarily accept any disciplinary action initiated against me by the Company and shall solely be responsible for the consequences resulting from any such proceedings.

Name

Signature:

**Annexure – A:**

- a) **First degree relatives (Parents, Spouses, Fiancés/Fiancées and Children):**

Relative's Name	Relationship	Department	Designation

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b) **Second degree relatives (Brothers, Sisters, their spouses and Grandparents):**

Relative's Name	Relationship	Department	Designation

c) **Third degree relatives (Uncles, Aunts, Nephews and Nieces):**

Relative's Name	Relationship	Department	Designation

d) **Fourth degree relatives (cousins and their spouses):**

Relative's Name	Relationship	Department	Designation

**Annexure-B:**

a) **First degree relatives (Parents, Spouses, Fiancés/Fiancées and Children):**

Relative's Name	Relationship	Organization	Designation

b) **Second degree relatives (Brothers, Sisters, their spouses and Grandparents):**

Relative's Name	Relationship	Organization	Designation

c) **Third degree relatives (Uncles, Aunts, Nephews and Nieces):**

Relative's Name	Relationship	Organization	Designation

d) **Fourth degree relatives (cousins and their spouses):**

Relative's Name	Relationship	Organization	Designation

**Annexure-C:**

a) **First degree relatives (Parents, Spouses, Fiancés/Fiancées and Children):**

Relative's Name	Relationship	Franchise	Ownership Status

b) **Second degree relatives (Brothers, Sisters, their spouses and Grandparents):**

Relative's Name	Relationship	Franchise	Ownership Status


c) **Third degree relatives (Uncles, Aunts, Nephews and Nieces):**

Relative's Name	Relationship	Franchise	Ownership Status

d) **Fourth degree relatives (cousins and their spouses):**

Relative's Name	Relationship	Franchise	Ownership Status

**Annexure-D:**

a) **First degree relatives (Parents, Spouses, Fiancés/Fiancées and Children):**

Relative's Name	Relationship	Estate/Property	Ownership Status

b) **Second degree relatives (Brothers, Sisters, their spouses and Grandparents):**

Relative's Name	Relationship	Estate/Property	Ownership Status


c) **Third degree relatives (Uncles, Aunts, Nephews and Nieces):**

Relative's Name	Relationship	Estate/Property	Ownership Status

d) **Fourth degree relatives (cousins and their spouses):**

Relative's Name	Relationship	Estate/Property	Ownership Status

**Annexure-E:**

Organization	Designation

**Annexure-F:**

Franchise	Ownership Status

**Annexure-G:**

<b>Estate/Property</b>	<b>Ownership Status</b>

# Employee Cellular Phone Request Form

Employee #	Employee Name	
Grade	Job Title	
Current Cellular Phone #	Department	
Current Personal Phone #	Location	

Cellular Phone Category: BUSINESS  PERSONAL  FIXED

Justification/Comments:

New Allocation      New Mobile #: \_\_\_\_\_

Access Allowed/Change: Previous: NWD  IDD

New: NWD  IDD

Limit Allowed/Change:	Previous:	<input type="checkbox"/> 500	<input type="checkbox"/> 1000	<input type="checkbox"/> 2,000	<input type="checkbox"/> 3,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 6,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 12,000
	New:	<input type="checkbox"/> 500	<input type="checkbox"/> 1000	<input type="checkbox"/> 2,000	<input type="checkbox"/> 3,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 6,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 12,000

Reconnection/Transfer: Previous User Name: \_\_\_\_\_ Previous Mobile #: \_\_\_\_\_

Last Action Taken: \_\_\_\_\_ Action Date: \_\_\_\_\_

Number Change: Previous Mobile #: \_\_\_\_\_ New Mobile #: \_\_\_\_\_

Request for IR Activation Date: \_\_\_\_\_ De-activation Date: \_\_\_\_\_

Requested by Employee:	Recommended by HOD	Approved by HR
Signature _____	Signature _____	Signature _____
Name _____	Name _____	Name _____
Title _____	Title _____	Title _____
Date _____	Date _____	Date _____

In case of request for higher credit limit than prescribed need to be approved by CEO:

**Approved by CEO** \_\_\_\_\_ **Date** \_\_\_\_\_

For Customer Services Department:

Mobile # Issued \_\_\_\_\_ Activation Date \_\_\_\_\_

After activation Customer Services should send a copy of this form to Human Resource Department, otherwise any changes/action taken on employee cellular phone will be consider as illegal.

For Human Resource Department:

Checked & Updated by \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_\_

Activated by \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_\_

# ACCESS CARD PROFORMA (Outsourced Staff)



## User Information:

User Name	
Designation	
Department	
Employee #	
Grade	
Location	
Contact #	
Line Manager	
Date	
Blood Group	
CNIC #	

PHOTO

## Internet/ Email/ Network Login Access Information:

<input type="checkbox"/> Network Login	<input type="checkbox"/> BPM Login	<input type="checkbox"/> CMS Login	<input type="checkbox"/> NAS Access
<input type="checkbox"/> Email Login	<input type="checkbox"/> DIS Login	<input type="checkbox"/> CIM Login	<input type="checkbox"/>
<input type="checkbox"/> Internet Login	<input type="checkbox"/> ECBS Login	<input type="checkbox"/> PIMS Login	<input type="checkbox"/>
<input type="checkbox"/> VPN Login	<input type="checkbox"/> Date of Access	<input type="text"/>	Expiry date <input type="text"/>

### Purpose of Access

Download / IMAP if required reason:

Official Service Line	YES / NO	Connection Type	Postpaid		Prepaid
If yes, MSISDN #	+92-304-	Credit Limit	2,000	3,000	5,000

## Equipment Description:

Equipment Type	<input type="text"/> PC	<input type="text"/> Notebook	<input type="text"/> Other
----------------	-------------------------	-------------------------------	----------------------------

## Recommended by HOD

## Approval By HR

Signature		Signature	
Name		Name	
Title		Title	
Date		Date	