

UNIVERSITY OF VETERINARY & ANIMAL SCIENCES, LAHORE

Office of the Registrar

PERFORMA FOR EMPLOYEE CODE

(Performa must be filled in Triplicate)

Photograph

Name of Employee: _____

Father's Name: _____

Designation: _____ **BPS / TTS/Temp/Contract**
(Tick one)

Department: _____

Date of Joining: _____ (DD/MM/YYYY) Date of Birth: _____ (DD/MM/YYYY)

CNIC#: _____ Blood Group: _____

Address: _____

_____ E-Mail: _____

Mobile No. _____ Tele No. _____

Checked and Countersigned

Signature of the Employee

Head of the Department

For Registrar's Office use only:

Employee Code: _____ Date of issuance: _____

Entered in the Register at page No. _____ Sr. No. _____ Code issued by: _____

Checked by: _____ Counter Signed: _____

Remarks (If any):-