



PRIMARY & SECONDARY HEALTHCARE DEPARTMENT  
**THQ HOSPITAL HAZRO**



**Biometric Attendance Form**

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

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

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

Mobile No: \_\_\_\_\_

Main Category:     Clinical                       Non-clinical                       Outsourced

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

Required Action:     New Enrollment                       Active                       Inactive  
                                  Change Fingerprint     Other: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**HR Officer/Admin Officer**

**THQ Hospital Hazro**

Remarks by the IT Department: \_\_\_\_\_

\_\_\_\_\_