



PRIMARY & SECONDARY HEALTHCARE DEPARTMENT
THQ HOSPITAL HAZRO



Roster Adjustment Form

Date: _____

Name: _____

CNIC No: _____

Mobile No: _____

Main Category: Clinical Non-clinical Outsourced

Designation: _____

Roster Adjustment Required: Day-Off Change Swap Duty

Other: _____

Description: _____

Signature of Applicant: _____

HR Officer/Admin Officer

THQ Hospital Hazro

Remarks by the IT Department: _____
