



# **GOVT. COLLEGE WOMEN UNIVERSITY FAISALABAD**

**Registrar Office  
Registration Branch  
Phone #: 92-041-9330408 Ext: 2020  
www.gcwuf.edu.pk**

## **Identity Card Proforma for Faculty, Staff**

*(Please Write in Block Letters)*

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

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

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

**Faculty:** \_\_\_\_\_

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

**Service Status:** Regular / Adhoc / Contract/ DPL

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

**Cell No:** \_\_\_\_\_

**Residence Phone No:** \_\_\_\_\_

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

**E-Mail:** \_\_\_\_\_

**Present Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Permanent home Address:** \_\_\_\_\_

\_\_\_\_\_

**Applicant signature:** \_\_\_\_\_

**Verified by**

**Head of Department:** \_\_\_\_\_

**Attach Documents:**

- (i) One Copy of CNIC
- (iii) One Copy of Joining Report