



MCKRU

Mir Chakar Khan Rind University Sibi

Forever Learning , Through Knowledge and Hardwork

INFORMATION TECHNOLOGY SECTION

EMPLOYEE BIOMETRIC FORM

Employee Name : _____

Father Name: _____

CNIC : _____

Employee ID: _____

Department: _____

Designation: _____

BPS: _____

Status: Permanent Ad hoc Visiting Daily wages other

Contact : _____

Note: Kindly Attach one copy of Appointment letter and one copy of CNIC.

Authorized Signatory
(Person Requesting)

Authorized Signatory
(Approver)



Office of the Director IT
Mir Chakar Khan Rind University
Luni Road Sibi.



Tel: (0833) 500908
Cell:+92-3444333319
Ext:223



zafar.iqbal.pafkiet@gmail.com
zafar.iqbal@mckru.edu.pk