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| **gbms2_rpt** | **FEDERAL EMPLOYEES BENEVOLENT**  **AND GROUP INSURANCE FUNDS**  **ESTABLISHMENT DIVISION** |

**Employees' Data Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Employee Information** | | | |
| 1. | **Name** |  | |
| 2. | **Date of Birth** |  | |
| 3. | **Date of Joining** |  | |
| 4. | **Designation & Pay Scale** |  | |
| 5. | **Date of Retirement** |  | |
| 6. | **CNIC No.** |  | |
| 7. | **Passport No. (if any)** |  | |
| 8. | **NTN No.** |  | |
| 9. | **Qualification** |  | |
| 10. | **Domicile (Province / District)** |  | |
| 11. | **Mobile & Land Line No.** | **1.** | **2.** |
| 12. | **Email & Whatsapp** | **1.** | **2.** |
| 13. | **Nationality** |  | |
| 14. | **Other Nationality** | **1.** | **2.** |
| 15 | **Present Address** |  | |
|  | |
| 16. | **Permanent Address** |  | |
|  | |
| 17. | **Blood Group** |  | |
| 18. | **Emergency Contact**  **(Person & No.)** |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2. Family Information** | | | | | | | |
| **S.**  **#.** | **Name** | **Relation** | **CNIC No.** | **D.O.B**  **(D/M/Y)** | **Profession** | **Nationality** | |
| **Pakistani** | **Other** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |

Note: If more family member to be mentioned, kindly attach another form.

By signing below and submitting this Form, I do hereby declare that all the information is accurate & true to the best of my knowledge.

Date \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Signature of Employee