



PRIMARY & SECONDARY HEALTHCARE DEPARTMENT
THQ HOSPITAL TAUNSA SHARIF



Biometric Attendance Form

Date: _____

Name: _____

CNIC No: _____

Mobile No: _____

Main Category: Clinical Non-clinical Outsourced

Designation: _____

Required Action: New Enrollment Activation Deactivation
 Change Fingerprint Other: _____

Description: _____

Signature of Applicant: _____

**HR Officer/Admin Officer
THQ Hospital Taunsa**

**IT/Statistical Officer
THQ Hospital Taunsa**