FAZAIA MEDICAL COLLEGE
Medical Facility/ Health Insurance Form

Designation: _____ Department: _____

Name of Employee as per CNIC: _____

CNIC No: | | Gender: | Male | Female |

Marital Status: | Single | Married | Date of Birth: ____/____/_____

All married employees are requested to provide the following details of dependent family members (son up to the age of 30 years and daughter unmarried or unemployed):

Sr. No	Name	Relation (spouse/ son/daughter)	Gender	Date of Birth dd/mm/yyyy

I _____ solely confirm that above information is correct as per best of my knowledge and any wrong information liable me towards disciplinary action.

Date: _____ Signature of Employee_____

Countersigned by HoD

_____
(Signature of stamp)

Note:

- Copy of documents required
  - i. CNIC of employee.
  - ii. If married (CNIC of spouse & B-form of children).
- Employees are entitled for medical benefits after completion of probation period.
- If an employee completes his/her probation in the last quarter of the year, his/her medical benefits will start in January of next year (as per policy).
- On completion of Probation, please inform HR to process your Health Insurance case.