## INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD

## PERSONAL INFORMATION PROFORMA

Please attach the following with this form:

1. Copy of NIC (or Passport & Visa for non-Pakistani).

|    |                 |   |                           |                            | Recent passport size photograph. |          |                       |                            |                       |                       |                 |                     |          |           |                                 | Dhotograph                 |           |             |                     |          |            |                  |          |
|----|-----------------|---|---------------------------|----------------------------|----------------------------------|----------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------|---------------------|----------|-----------|---------------------------------|----------------------------|-----------|-------------|---------------------|----------|------------|------------------|----------|
|    | Note: Use Bloc  | 3. Pay slip/ Appointment letter with joining notification ote: Use Block Letters. |                           |                            |                                  |          |                       |                            |                       |                       |                 |                     |          |           | Photograph                      |                            |           |             |                     |          |            |                  |          |
| 1  | Personal No:    |   | <br>!<br>!                | <br>!                      |                                  | j        |                       |                            |                       |                       |                 |                     |          |           |                                 |                            |           |             | <br> <br>           |          |            |                  |          |
| 2  | Name:           | [   |                           | <br>                       |                                  |          | <br> <br>             | <br>                       |                       |                       |                 | <br>                |          |           | ]<br> <br> <br> <br>            | <br> <br> <br> <br> <br>   |           | <br>        | <br>                | <u></u>  |            | ]<br> <br> <br>  | <u> </u> |
| 3  | Father's Name:  | [   | <br>!<br>!<br>!<br>!      | T<br>!<br>!<br>!<br>!<br>! |                                  | <u> </u> | 7<br>!<br>!<br>!<br>! | T                          | ,<br>!<br>!<br>!<br>L |                       | <br>!<br>!<br>! | <br> <br> <br> <br> |          | <br> <br> | 7<br>!<br>!<br>!<br>!<br>L      | .,<br> <br> <br> <br> <br> | <br> <br> | T           |                     | <u> </u> | ]<br> <br> | !<br>!<br>!<br>! | <u>.</u> |
| 4  | Date of Birth:  | [   | 1<br> <br> <br> <br> <br> | T<br>!<br>!<br>!<br>!      | -                                |          | 7<br>!<br>!<br>!<br>! | T<br>!<br>!<br>!<br>!<br>! | r<br>!<br>!<br>!      | Y<br>!<br>!<br>!      |                 | ]                   |          |           |                                 |                            |           |             |                     |          |            |                  |          |
| 5  | ID Card No:     | [   | !<br>!<br>!<br>!          | <br> <br>                  |                                  | <u> </u> | <br>                  | ļ<br>                      |                       | <br> <br>             |                 | ļ                   |          |           |                                 | <u></u>                    | ]         |             |                     |          |            |                  |          |
| 6  | Natinality:     |   | <br>i<br>i<br>j           | i<br>L                     |                                  | <u> </u> | <u></u>               | i<br>!<br>!                | i<br>!<br>!           | <br>!<br>!<br>!       |                 | <br>L               |          |           | <u> </u>                        | <u></u>                    | <u></u>   | <u> </u>    | <u>.</u>            | Ĭ        | <u>]</u>   | Ĭ                | <u> </u> |
| 7  | Passport No:    |   |                           | <br> <br> <br> <br>        |                                  |          | <br> <br>             | <br>!<br>!<br>!<br>!       | <br> <br>             |                       |                 |                     |          |           |                                 |                            |           |             |                     |          |            |                  |          |
| 9  | Appointment Ty  | pe:   | Re                        | ergul                      | lar:                             | [        | ]                     |                            | ı                     | Adho                  | c:              | [                   | Ĭ        | C         | ontra                           | ict:                       | <u>[</u>  | Ī           |                     | De       | puta       | tion:            | [        |
|    |                 |   | L                         | _eav                       | e Va                             | cancy    | y:                    |                            | <br> <br>             |                       |                 |                     |          |           | Pr                              | oject                      | Tem/      | pora        | ry:                 |          | <u> </u>   |                  |          |
| 10 | Religion        |   | 1                         | !<br>!                     |                                  |          | <u> </u>              | [<br> <br>                 |                       |                       |                 |                     |          |           |                                 |                            |           |             |                     |          |            |                  |          |
| 11 | Blood Group:    |   |                           |                            |                                  | Des      | sigina                | ition:                     |                       |                       |                 |                     |          |           |                                 | Dept                       | t.        |             |                     |          |            |                  |          |
| 12 | Phones:         | r   | <br>i                     | <br>-                      |                                  |          | <b></b>               |                            | <br>i                 | <br>i                 | ;               | 'i                  | _        |           | í                               |                            |           | 7           |                     |          |            |                  |          |
|    | Office:         | ļ   | i<br>!                    | <u>.</u>                   | <u>.</u>                         | <u> </u> | i<br>i                | <u> </u>                   | <u> </u>              | i<br>                 |                 | j                   | Res:     |           | i<br>5                          | <u>.</u>                   | <u> </u>  | <u>i</u>    | i<br>L              | <u>.</u> | .i         | . <u>i</u>       | .i       |
|    | Cell:           |   |                           | <br> <br>                  | <br> <br> <br>                   | <u> </u> | ]<br>                 | !<br>!<br>!                | [<br> <br> <br>       |                       |                 |                     |          |           |                                 |                            |           |             | [<br> <br>          | Ì        |            |                  |          |
|    | <u>E-Mail:</u>  |   | <br>                      | ]<br> <br> <br>            | <br> <br> <br> <br>              | ]        | ļ<br>                 | ]<br> <br> <br> <br>       |                       |                       |                 | <u></u>             |          |           | ]<br> <br> <br> <br>            | ļ                          |           | ]<br> <br>  | ļ                   | Ţ        | <u></u>    | !<br>!           | <u> </u> |
| 13 | Present Add:    |   | <br>i<br>i<br>j           |                            |                                  | <u> </u> | <br>!<br>!<br>!       | <br> <br> <br> <br> -<br>  |                       | <br>i<br>i<br>i<br>L  |                 |                     |          | <br> <br> | 7 · · · · · · · · · · · · · · · |                            | <u> </u>  | !<br>!<br>! | <br>!<br>!<br>L     | <u> </u> | ]          | <br>             | <u>[</u> |
|    |                 | [   | \<br>!<br>!<br>!<br>!     | T<br>!<br>!<br>!<br>!      | . p                              | [        | 7<br>!<br>!<br>!      | T<br>!<br>!<br>!<br>!      | <br> <br> <br>        | Y<br>!<br>!<br>!<br>! |                 |                     |          |           | T                               |                            | <u> </u>  | ]           | <br> <br> <br> <br> |          | <br>       |                  | <u> </u> |
|    | Permanent:      | <u>[</u>  |                           | <br>!<br>!                 |                                  | <u> </u> | ļ                     | <br> <br>                  |                       |                       |                 | ļ                   |          |           | <br>!<br>!                      |                            | <u> </u>  | ļ           | ļ<br>Ļ              | <u> </u> | <u></u>    | <u> </u>         | ļ<br>-   |
|    |                 |   | j<br>                     |                            |                                  | Ĭ        | ]                     | T<br>!<br>!<br>L           | [<br>                 | Ĭ<br>L                |                 |                     | <u> </u> |           | Ĭ<br>!<br>!                     |                            | ]         | Ĭ<br>!      | [                   | Ĭ        | ]          | <u> </u>         | [        |
|    | >> I do hereby  | solen   | nnly                      | decla                      | are ti                           | hat th   | e ab                  | ove i                      | nforn                 | natio                 | n is t          | true t              | o the    | bes       | t of r                          | ny kr                      | owle      | edge.       |                     |          |            |                  |          |
|    | Name:           |   |                           |                            |                                  |          |                       | S                          | ignat                 | ure c                 | of the          | е арр               | lican    | t:        |                                 |                            |           |             |                     |          |            |                  | <b></b>  |
|    | Verification by | tho   | Doa                       | n/Ch                       | airm                             | an/H     | IOD/                  |                            |                       |                       |                 |                     |          |           |                                 |                            |           |             |                     |          |            |                  |          |