

HIT-SECURITY WING
APPLICATION FORM FOR ISSUE OF SECURITY PASS
(ALLIED DEPTTS)

Photograph
Size 1x1

1.	Pers No	
2.	Rank	MBBS Student
3.	Name	
4.	Father Name	
5.	Cell No.	
6.	Appointment	MBBS Student
7.	BPS	
8.	Date of birth	
9.	Blood Gp	
10.	Height	
11.	Identification mark	
12.	Attested copy of CNIC	
13.	Copy of Appointment letter	
14.	3 x Latest photographs (size 1"x 1")	
15.	Purpose for pass	
16.	Department / Institution	HITEC-Institute of Medical Sciences, HIT, Taxila Cantt
17.	Present Address	H/no. _____ Vill/Moh/Town. _____ Teh. _____ Distt. _____
18.	Perm Address	H/no. _____ Vill/Moh/Town. _____ Teh. _____ Distt. _____

19. Attestation by Numberdar / Nazim of Areas (Non Residents Only)

This is to certify that Mr/Mrs/Miss. _____ Father's Name _____ is well known to me. He/She bears good moral character and reputation in area and resides at above mentioned given address.
 Name of Numberdar / Nazim _____
 CNIC No. _____
 Signature. _____
(with office stamp)

20. Verification by Local Police

This is certify that Mr/Mrs/Miss. _____ S/O _____
 Bears good character, reputation in vicinity and has no adverse / criminal record in this police station.
 Signature. _____ (with office stamp)
 CNIC No. _____

CERTIFICATE BY INDIVIDUAL

It is to certify that the above information give by me, are true and correct to the best of my belief and knowledge, if anything is found against, I shall be held responsible for necessary action.

Signature of Indl. _____
 Date. _____

Recommended / Not Recommended
(Head of Deptt/Institution)

No. _____ Rank. _____
 Name. _____
 Apptt. _____
 Proj/Dept. _____
 Signature. _____

APPROVED / NOT APPROVED
(FOR SECURITY WING OFFICE USE ONLY)