

EMPLOYEE PROFILE FORM

PERSONAL INFORMATION

Title (Dr./Mr./Ms.)		First Name	
Middle Name		Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Father's / Husband Name (As per CNIC)	
CNIC Number		Passport Number	
Date of Birth		Personal Email	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	Blood Group	
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please mention brief details regarding your disability	
Religion		Country of Birth	
First Nationality		Second Nationality	
Mobile Phone		Residence Phone	
Emergency Contact Person Name		Emergency Contact Person Relation	
Emergency Contact Number		Second Emergency Contact Number	

CURRENT ADDRESS / MAILING ADDRESS

Address Line 1			
Address Line 2			
City		Province	
Postal Code		Country	

EDUCATION

Degree Title (Highest First)	Institution	Specialization	Duration	
			From	To

PROFESSIONAL EXPERIENCE

Organization Name (Most recent first)	Designation	Duration	
		From	To

EMPLOYEE PROVIDENT FUND NOMINATION

I, _____ S/o / D/o _____ being the member of the LUMS Employees Contributory Provident Fund hereby nominate _____ S/o / D/o: _____ bearing CNIC #: _____ to receive the amount which may stand to my credit in the LUMS Contributory Provident Fund in the event of my death.

BANK ACCOUNT DETAILS

Bank Account Title		Bank Name	
Bank Account Number			
24 Digit IBAN			

IBAN is mandatory to transfer salary in your bank account. You can verify your IBAN at <https://www.iban.com/iban-checker>

FAMILY DETAILS (FOR HEALTH INSURANCE)

Name of Spouse			
Date of Birth of Spouse		Number of Children	
Name Child 1		Date of Birth	
Name Child 2		Date of Birth	
Name Child 3		Date of Birth	
Name Child 4		Date of Birth	
Name Child 5		Date of Birth	

RELATIONSHIP DISCLOSURE (Please mention details of any relative/friend currently working in LUMS (if any) Including spouse, parents, grandparents, brothers, sisters, first cousins and friends).

Note: The University requires full disclosure of any relationship as defined above to Human Resources at the time of employment or at any time it occurs during employment.

Name of Relative(s)	Relationship	Department

Thank you for providing this valuable information. We assure you that the information provided will remain confidential and will only be shared with concerned personnel for processing and record.

Office of Human Resources
Lahore University of Management Sciences