

EMPLOYEE DATABASE FORM

PERSONAL INFORMATION

Title (Dr/Mr/Ms)		First Name	
Middle Name		Last Name	
Gender		Father's Name	
CNIC or Passport Number for non-Pakistani		Date of Birth	
Marital Status		Blood Group	
Religion		Country of Birth	
First Nationality		Second Nationality (if applicable)	
Personal Email		Mobile Phone	
Residence Phone		Emergency Contact Person Name	
Emergency Contact Person Relationship		Emergency Contact Number	

CURRENT ADDRESS / MAILING ADDRESS

Address Line 1			
Address Line 2			
City		Province	
Postal Code		Country	

PERMANENT ADDRESS STATED ON THE CNIC/NICOP WILL BE USED FOR OFFICIAL PURPOSE

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 DETAILS for direct salary transfer

Only for SCB/ MCB/ Faisal Bank/ Bank Alfalah/ Askari Bank

Account Holder's Title and Name (as appearing on card)		Account No.	Click here to enter text.
Bank	Choose an item		

PLEASE CONTACT PAYROLL SECTION IN HR IF YOUR BANK ACCOUNT IS NOT OPENED IN OUR PANEL BANKS

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, children, grandchildren, 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 you have provided will remain confidential and will only be shared with concerned personnel for processing and record.

**Human Resources,
LUMS University**