



SINDH AGRICULTURE UNIVERSITY TANDOJAM

HEALTH INSURANCE PROFORMA

Reference: Circular No: HRM/SAU-HFC/115 Dated: 17/01/2019

INFORMATION OF EMPLOYEE
AND DEPENDENT FAMILY MEMBERS FOR MEDICAL HEALTH FACILITY.

Employee Name. _____

Designation: _____ BPS- _____ CNIC # _____

Department: _____

Contact # _____

Sr #	Name of Employee/ Dependent family members (Spouse, Parents, Children)	Date of Birth	CNIC #	Relation	Marital Status
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Name:(_____)

Designation(_____)