



Shifa Tameer-e-Millat University New Employee ID-Card Request Form

Employee Name: _____

Designation: _____

Section: _____

Department/College. _____

Date of Joining: _____

Name employee would like to be addressed: _____

(Any single; first, middle or last name)

Employee Signature

Approved by: _____
Registrar

Note: • Please provide your two colored photographs measuring 1" x 1" with the request



Shifa Tameer-e-Millat University Revised / Duplicate Employee ID-Card Request Form

Employee Name: _____ Old Employee ID Card No. _____

Designation: _____

Section: _____

Department/College. _____

Date of Joining: _____

Reason of Revised / Duplicate on _____

Employee Signature

Approved by: _____
Registrar

Note: • Rs. 250/- will be charged in case of lost / damage of card.
• Please deposit the prescribed amount in STMU Finance & Accounts Department (D-0) and attach the receipt
• Please provide your two colored photographs measuring 1" x 1" with the request