MIR CHAKAR KHAN RIND UNIVERSITY OF TECHNOLOGY
DERA GHAZI KHAN

Biometric ID Request Form

Department of Computer Information Technology and Data Bank
NOTE: Fill out the form and send it to Department of Computer Information Technology, MCKRUT DGK

Personal Information

Salutation: ☐ Dr. ☐ Engr. ☐ Mr. ☐ Ms. ☐ Mrs.

Full Name: _____

Father's Name: _____

Contact No. _____

Current Email: _____

University Affiliation:

Faculty: ☐ Teaching Staff ☐ Non-Teaching/Admin

Designation: _____

Discipline/Department: _____

Employee ID No. _____ ____ Biometric ID No. _____
(Filled by the authority)

For Applicant/Department Use

Applicant Signature: _____ Application Date: _____

Authorized Signature: _____ Approval Date: _____