

RESIDENTS/ MEDICAL CARD FORM – ASKARI COLONIES

1. PA No: _____ 2. Rank: _____ 3. Name: _____
(Army Officers Only) (Army Officers Only)

4. CNIC No: _____ 5. Blood Gp: _____ 6. DOB (D/M/Y) _____

7. Colony: _____ House/ Flt #: _____ St / Block #: _____ Sec: _____

8. Owner/ Tenant: _____

9. **Family Detail (Dependents Only)**

Ser	Name	DOB (D/ M/ Year)	Blood Group	CNIC#/ B Form #
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
k.				

Signature: _____

Note:-

Documents to be attached: -

- a. 1x Photocopy of CNIC (Owner/Tenant)
- b. 1x Photocopy of CNIC (dependents only)/ Family Registration Certificate (FRC)
- c. 2x Photographs 1"x 1" of each with blue backgrd.