

UNIVERSITY OF SINDH JAMSHORO

Data Collection for Health Insurance Service for 2020-2021

Name of the Institute/ Department/ Center _____

Sr.	Name of the Faculty/Staff Member	Designation with Grade in BPS	Data Form Completed (Yes/No)
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Note: Please attach the Data Collection Form of each Faculty/Staff Member along with required documents.

Signature & Stamp of the Director/Chairman/Chairperson

Soft Copy of this Form is available for download on the official website of the university i.e. www.usindh.edu.pk in downloads section