



Picture

First Name

Father Name

Department

Personal Number

Date of Joining

Place of Posting

District

Domicile

Phone Office

Mobile

Address Residential

Mailing Address

Last Name

CNIC

Designation

BPS

Date of Birth

Date of Retirement

Date of Posting

Cost Center

Phone Residential

Email Address

Address Office

Fax

Employee Type

**Authentication by Incharge  
with seal**

**After filling this Performa, send to I.T Center Law Department (head office) by post  
or by email at [info@sindhlaws.gov.pk](mailto:info@sindhlaws.gov.pk)**