



IT SECTION Women University Swabi

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BIOMETRIC REGISTRATION FORM

Name: _____

Designation: _____

Department/Section: _____

Date: _____ Contact No: _____

Signature (**Requestor**)

Note: Please attached Office Order/Appointment Letter

Signature (**Relevant HOD/HOS**)

FOR IT SECTION USE ONLY

Approved By:

Signature

Dr. Muhammad Furqan
(**Incharge IT Section**)

Employee ID Assigned: _____

Employee Registered: YES / NO

If Not(Specify Reason): _____

Signature
IT Section