



**EMPLOYEES'
OLD-AGE BENEFITS
INSTITUTION**

**Annexure I
FORM: PE-01
(Revised)**

APPLICATION FOR EMPLOYEE'S REGISTRATION

1 Name (In block letters)
as shown in the National Identity Card _____

2 Gender Male Female

2A Handicapped yes No

2B Nature of Disability* Visual Hearing Speaking Limbs
(Only if 2A is Checked as Yes) Other _____
(Please specify)

3 Father (F)/Husband's (H) Name _____ F H
Day Month Year (Please check one)

4 Date of Birth

In words _____

5 National Identity Card No.

5A NADRA National Identity Card No.
(Please attach photocopy of both sides)

5B Family Code

6 Present _____
Address _____

Permanent _____
Address _____

CERTIFICATE OF EMPLOYER

7 Employment of above employee began on Day Month Year
Worker's thumb impression

8 Date of the applicability of the scheme
Worker's Signature

9 National Identity Card inspected and details
Shown on this form are certified correct

10 Name of establishment _____

Registration No. Sub Code if any

Seal of the
Establishment

Signature of Employer _____

Name _____

Designation _____

Date Day Month Year

FOR OFFICE USE ONLY

EOBI Registration Card No.

Contribution Card Issued Initial

P103 Issued/ Not Issued

Day Month Year

Day Month Year

*Attach certificate from Provincial council for the Rehabilitation of Disabled Person