



Sindh Technical Education &
Vocational Training Authority (STEVTA)
Government of Sindh



HEALTH INSURANCE DATA COLLECTION FORM					
Employee Id					
Name of Employee					
F/H Name					
CNIC		Contact No			
Designation		Scale	BS -		
Place of Posting					
Detailment (If any)					
Date of Joining			Date of Birth		
Details of Family Members (Parents, Wife & Children)					
S No	Name	Relation with Employee	CNIC	Date of Birth	Other (if any)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Note: Attach the copy of CNIC/ Form B of Employee and his/her above mentioned family members					
(Employee Signature)					