



**IT SECTION**  
**Women University Swabi**

Email: IT@wus.edu.pk, URL: [www.wus.edu.pk](http://www.wus.edu.pk)

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**BIOMETRIC REGISTRATION FORM**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department/Section: \_\_\_\_\_

Date: \_\_\_\_\_ Contact No: \_\_\_\_\_

\_\_\_\_\_  
Signature (**Requestor**)

\_\_\_\_\_  
Signature (**Relevant HOD/HOS**)

Note: Please attached Office Order/Appointment Letter

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**FOR IT SECTION USE ONLY**

Approved By: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(**Incharge IT Section**)

Employee ID Assigned: \_\_\_\_\_

Employee Registered: YES / NO

If Not(Specify Reason): \_\_\_\_\_