



GOVERNMENT OF PAKISTAN
OFFICE OF THE COMMISSIONER
ICT EMPLOYEES SOCIAL SECURITY INSTITUTION
Plot No. 166, STREET NO. 09, I-10/3,
ISLAMABAD



EMPLOYER'S REGISTRATION FORM

Registration Number allotted
(for official use only)

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- i. Name of Establishment
- ii. Employer's name
- iii. Address of Establishment.....
- iv. Nature of business
- v. Total Number of Employees(List enclosed)
- vi. No. of Eligible Employees.....
- vii. Contact No.
- viii. E Mail Address

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Stamp of Establishment

Signature of employer:

Date:

Name of Establishment: _____

(List of Employees)

Sr. No.	Name of Employees	Father Name	CNIC No.	Date of Joining	Designation	Contractual/ Permanent/ Daily wages	Salary	Status

Name of Employer/Manager: _____

Date: _____