

**Performa for Issuance of Vehicle Sticker**

1. I ..... working as ..... in FMU / AHF / DHQ / Gen Hospital G.M Abad / Nursing Schools, Allied / DHQ, request for issuance of vehicle sticker. The particular of the vehicle are:-

- a. Registration No.....
- b. Color .....
- c. Make and Type .....

2. Copy of following documents enclosed:-

- a. Copy of CNIC
- b. Copy of vehicle registration

Applicant Signature

Dated: -----

Head of the Department

Signature.....

Office stamp

Director Security