



ACKNOWLEDGEMENT OF HEALTH INSURANCE CARDS

I MUKHTAR ALI acknowledge and confirm that I have received my
insurance card-Policy # 00040

EMP ID: APD-0086

NAME: Mukhtar Ali

DEPARTMENT: Finance

CNIC #: 42201-4654949-9

SIGNATURE: _____

A handwritten signature in blue ink, appearing to be 'Mukhtar Ali', written over a horizontal line.

DATE: _____

09/10/2019