



**ACKNOWLEDGEMENT OF HEALTH INSURANCE CARDS**

I Lal Bakhas acknowledge and confirm that I have received my  
insurance card-Policy # 00136

**EMP ID: APD-0308**

**NAME: Lal Bakhas**

**DEPARTMENT: Administration**

**CNIC #: 45305-0390391-9**

**SIGNATURE: LSH لعل بکھاس**

**DATE: 17-8-20**