



KHYBER COLLEGE OF DENTISTRY
(Medical Teaching Institution)

INFORMATION TECHNOLOGY

Email Registration Form For EMP



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Personal Information

Name: _____ Mobile No: _____

Employee Sign: _____ Date: _____

Departmental Information

Designation: _____ Employee No (MR No): _____

Department: _____

Note: Please send your passport size picture to akbar.muhammad@kcd.edu.pk Or fazal.maula@kth.edu.pk. Please change password at first login.

HOD/Incharge KCD Approval for Official Email

Name: _____ Designation: _____

Sign: _____ Date: _____