



# MEHRAN UNIVERSITY OF ENGINEERING & TECHNOLOGY, JAMSHORO



## INFORMATION COMMUNICATION & PROCESSING CENTER SMART (EMPLOYEE ID) CARD REGISTRATION FORM

Instructions: The Photo must be of dimensions (35 mm x 45 mm) with blue background.

Bank Challan No.		Date of Payment	
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Name (in Block Letters)	New Card	<input type="checkbox"/>	Duplicate	<input type="checkbox"/>

Father's Name		Surname	
CNIC No.	■■■■■■■■■■		■■■■■■■■■■
Date of Birth	(DD MMMM, YYYY)		
Present Address			
Email		Phone	

Department			
Designation		Date of Appointment	
Employee No.		Status: (e.g. Regular)	

Emergency Contact Person		Phone	
Known Medical Conditions			
		Blood Group	

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Registrar

### For Office Use Only

Name: _____	Employee No. _____
Date of Form Submission: _____	Date of Issuance _____

\_\_\_\_\_  
Focal Person

\_\_\_\_\_  
Additional Director, ICPC

**Acknowledgement of Receipt**

Expected Card Delivery Date: \_\_\_\_\_

This is to acknowledge that Mr./ Ms. /Mrs \_\_\_\_\_ of Dept. \_\_\_\_\_ bearing Employee no. \_\_\_\_\_ has submitted his / her form.

Remarks \_\_\_\_\_

\_\_\_\_\_  
Received By