



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	
------------------	--	-----------------	--

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