



**MEHRAN UNIVERSITY
OF ENGINEERING & TECHNOLOGY,
JAMSHORO**



INFORMATION COMMUNICATION & PROCESSING CENTER

SMART (EMPLOYEE ID) CARD REGISTRATION FORM

Name (in Block Letters)	New Card	<input type="checkbox"/>	Renew Card	<input type="checkbox"/>	Duplicate	<input type="checkbox"/>

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

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

Signature of Applicant

Registrar

FOR OFFICE USE ONLY

Name of Employee _____ Employee No. _____

Date of Submission of Form _____ Date of Issuance _____

Incharge Smart ID Card Cell

Director, I.C.P Center MUET

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 on _____.

Remarks

Received By