



MEHRAN UNIVERSITY OF ENGINEERING & TECHNOLOGY, JAMSHORO



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

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.			
Passport		Nationality	
Date of Birth		(DD MMMM, YYYY)	
Address			
City		Province	
Country		Zip Code	
Email		Mobile #	

Department					
Programme (✓) Appropriate	UG	PG	MPhil. / PhD.	Date of Admission	
Roll No.				Enrollment No.	

Emergency Contact Person		Phone / Mobile	
Known Medical Conditions		Blood Group	

Signature of Applicant

Chairman /Chairperson/Director

For Library Membership Verification		For Office Use Only	
Bank Challan No. & Date		Form received Date:	
Signature & Stamp of Library Focal Person		Expected Card Delivery Date:	
		Signature of Smart Card Focal Person	

Acknowledgement of Receipt

Expected Card Delivery Date: _____

This is to acknowledge that Mr./ Ms. /Mrs _____ of Dept. _____ bearing Roll no. _____ has submitted his / her form on _____.

Remarks _____

Received By

Note: Please attach a photocopy of valid ID Card / Enrollment Card / Admission Letter.