MEHRAN UNIVERSITY OF ENGINEERING & TECHNOLOGY, JAMSHORO

INFORMATION COMMUNICATION & PROCESSING CENTER

SMART ID CARD REGISTRATION FORM (FOR INTERNEES)

Name (in Block Letters)	New Card ☐	Re-New Card ☐	Duplicate ☐

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

Department			
Date of Appointment		**Valid Till:**	
Internee No. / Tracking ID		**Status:**	**Internee**

Emergency Contact Person		**Phone**	
Known Medical Conditions			
		Blood Group	

Note: Please attach a photocopy of Internship appointment Letter.

Signature of Applicant | **Focal Person, MUET** | **Registrar**

For Office Use Only

Name: _____ **Internee No.** _____

Date of Form Submission: _____ **Date of Issuance** _____

Focal Person | **Director, ICPC**

Acknowledgement of Receipt

Expected Card Delivery Date: _____

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

Remarks _____

Received By