



**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		Cell No.	

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

Emergency Contact Person		Emergency Contact No.	
Known Medical Conditions		Blood Group	

\_\_\_\_\_  
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

\_\_\_\_\_  
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 on \_\_\_\_\_.

\_\_\_\_\_  
Remarks

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