



**REQUEST FOR TURNITIN ACCOUNT**

1. **Name:** \_\_\_\_\_
  2. **Designation:** \_\_\_\_\_
  3. **Department:** \_\_\_\_\_
  4. **Official Email:** \_\_\_\_\_
  5. **Phone No.** \_\_\_\_\_ **Mobile No.** \_\_\_\_\_
  6. **Address:** \_\_\_\_\_
- 

7. **Signature:** \_\_\_\_\_ **Verified by:** \_\_\_\_\_  
(Incharge ORIC)

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Stamp:** \_\_\_\_\_

(**Note:** ONE working day is required to complete the request. Please write your details clearly. Incomplete form will not be processed.)

**Official Use Only**

Receiving Date & Time:		
Response:		

**(Dr. Asim Umer)**  
HEC Focal Person/  
Expert for Turnitin Software