



INFORMATION FOR TURNITIN ACCOUNT

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

7. Signature: _____ Verified by: _____
(Chairman of the Concerned Dept)

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 Supervisor/Expert
for Turnitin software