



FORM B

# COMSATS Institute of Information Technology

Islamabad Campus

## OFFICIAL TURNITIN FORM

Date: \_\_\_ / \_\_\_ / \_\_\_

Only for Faculty Members of CIIT

### I. USER INPUT (Use Capital Letters Only)

Employee Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Campus: \_\_\_\_\_

Department: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

(NOTE: Please provide your official EMAIL ID)

### II. PERSONAL INFORMATION (Required)

Important: Please affix a copy of Employee card OR NIC with this application.

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Mobile: \_\_\_\_\_

### IV. CONCERNED DEPARTMENT INPUT:

Signed by HoD: \_\_\_\_\_ Stamp. \_\_\_\_\_

Important: HoD signatures and stamp is mandatory for this application.

### V. General Manager IT:

Aumair Qayyum (General. Manager IT) Signatures: \_\_\_\_\_

Remarks: \_\_\_\_\_

### VI. Focal Person:

Abdul Rehman Yasir (Manager Q.A (Web)) Signatures: \_\_\_\_\_

Remarks: \_\_\_\_\_

Note: Fill this form and send it to IT Centre, CIIT, Islamabad.