



# University of Management and Technology Consent Form for On Line Examinations using UMT Computer Labs

I.D. No.:

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

Participant Name: \_\_\_\_\_

Program: \_\_\_\_\_

Cell No.: \_\_\_\_\_

School: \_\_\_\_\_

Semester: \_\_\_\_ Fall 2020 \_\_\_\_\_

I would like to give Online exam using UMT Computer Lab for the following course(s):

Sr No	Course Code	Course Title	Section	Resource Person	Exam Date	Exam Time
1.						
2.						
3.						
4.						
5.						
6.						

Applicant Signature: \_\_\_\_\_

\_\_\_\_\_  
Faculty Member / Batch Advisor  
(Name and Signature)

\_\_\_\_\_  
Office of the Controller of Examinations  
(Name and Signature)

Note: Please submit this form through email to your relevant Resource Person / Batch Advisor and copy to oce@umt.edu.pk.