

University of Management and Technology

Clearance Form Progress Report

Student ID #: _____ Date: _____

Student's Name: _____ (Capital letters and as per matric certificate)

Father's Name: _____ (Capital letters and as per matric certificate)

Program: _____ Total Credit Hours Completed: _____ CGPA: _____

Email: _____ Contact No.: _____

CNIC. #

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Address (Home): _____

Address (Office, if applicable): _____

Designation: _____ Contact No.: _____

State Reason for Progress Report: _____

Participant's Signature: _____

Departmental Clearances

Name of Department	Location	Signatures	Office Stamp and date
Office of Controller of Examinations (OCE)	1 st Floor, Admin Block		
Office of Learning Resource Center (LRC)	Library Building		
Office of Information Processing Center (IPC)	1 st floor North Block, Main Building		
Hostel (UMT Hostel Residents only)			
Office of Participant Accounts (OTR)	1 st Floor, Admin Block		
Office of Registrar (ORG)	1 st Floor, Admin Block		

Note: Please attached attested photocopy of Matric Certificate and paid challan of Rs. 500/-.