University of Management and Technology

Office of Controller of Examinations

AF No:_____

Application Form

ID #:_____ Name:_____ Semester :_____

Program:_____ Email #:_____ Contact No:_____

Please ☑ one:

❶☐ Result/Grade Inquiry ❷☐ UMC ❸☐ Medals / Merit Awards ❹☐ Progress Report

❺☐ F T/Degree ❻☐ Letter ❼☐ Others _____

Note of Action:

State your problem (attach documentary proof, wherever applicable):

Subject: _____

_____ _____

Signature of the participant Date

For Official Use

Receipt

ID #:_____ AF No:_____ Received by:_____

Problem Code: | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Date: _____

Estimated Process Time: _____ Contact Person:_____

Note: Please keep this receipt in safe and bring while visiting the office.

For Contact: controller@umt.edu.pk, qadeer.ahmad@umt.edu.pk, Ph #: 042-5212801-10 (ext:382)