

Balochistan University Of Information Technology, Engineering & Management Sciences, Quetta

Quality & Excellence in Education

F/SOP/14/16/00

DIRECTORATE OF INFORMATION TECHNOLOGY

BIOMETRIC ATTENDANCE COMPLAINT FORM

To be filled in by the Complainant:

Name:	
Designation:	
Department:	
Faculty:	
CNIC	
Mobile No.	
Room No:	Extn:
Nature of complaint: \(\square\)	ot Recognize
From (machine)	To (machine)
Date:	Signature: HOD Signature:
Feedback:	
Comments:	Signature: