



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:	<input type="checkbox"/> Not Recognize <input type="checkbox"/> Shift
From (machine)	_____ To (machine)_____
Date:	_____ Signature: _____
	HOD Signature: _____

Feedback:

Comments:	_____ Signature:_____
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