



University of Central Punjab

Turnitin Membership Form



Only for Permanent Faculty Members

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First Name: _____ Last Name: _____

Date of Joining: _____

Faculty / Department:

- | | |
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| <input type="checkbox"/> Faculty of Management Studies (FMS) | <input type="checkbox"/> Faculty of Pharmacy (FOP) |
| ▪ School of Accounting and Finance (SAF) | <input type="checkbox"/> Faculty of Life Sciences (FLS) |
| ▪ UCP Business School (UBS) | <input type="checkbox"/> Faculty of Law |
| <input type="checkbox"/> Faculty of Information Technology (FIT) | <input type="checkbox"/> School of Media & Communication Studies (SMCS) |
| <input type="checkbox"/> Faculty of Engineering (FOE) | <input type="checkbox"/> School of Accounting and Finance (SAF) |
| <input type="checkbox"/> Faculty of Arts & Social Sciences (FASS) | <input type="checkbox"/> Other: _____ |

Present Address: _____

_____ Phone No.: _____

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