For Staff

UNIVERSITY LIBRARY

GURU ANGAD DEV VETERINARY AND ANIMAL SCIENCES UNIVERSITY LUDHIANA

Request Form for ISSUE/RESET Internet User ID Access
for University Campus and Wi-Fi

PHOTO

1. Name _____
2. Designation _____
3. Library Membership No. ☐ Yes ☐ No
   If yes _____
   Signature of JLA/Asst. Librarian
4. Mobile No. _____
5. Department _____
6. Phone No of the Department _____
7. Name of Building _____
8. E-mail ID(Personal) in Capital Letters _____
9. E-mail ID(Official) in Capital Letters _____
   (On GADVASU Domain)

Note: Check your E-mail for your username and password.
Declaration:

1. I will abide by all rules framed by University Library for Internet access.
2. I will take NOC at the time leaving this University.
3. I will solely be responsible for any use/misuse of my user ID.

(Full Signature & Designation)

Certified that information given by the above employee is correct. In case of his/her transfer or leaving the Department/College/University he/she would be required to take No Due Certificate from GADVASU Library.

Recommendation & Forwarded

(Dean/Head)
(Signature with Date & Seal)

Dispatch No: Approved/Not Approved
Date:

University Librarian

(For Office Use Only)

User ID issued _____ Assigned Member of AD ☐ Yes ☐ No

Created on dated _____ Add Description in General Tab ☐ Yes ☐ No
(Designation Name)

Sent Email on dated _____ Add Email ID & Contact No. ☐ Yes ☐ No
in General Tab

Signature _____