

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

- 1. Name _____
- 2. Designation _____
- 3. Library Membership No. Yes No
If yes _____
- 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) _____



Signature of JLA/Asst. Librarian

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)

Despatch No:
Date:

Approved/Not Approved

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** _____