For Student

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. University Registration No. _____
3. Library Membership No. ☐ Yes ☐ No
   If yes _____
   Signature of JLA/Asst. Librarian
4. Mobile No. _____
5. Class _____
6. College _____
7. Department Name _____
8. Hostel No. _____ Room No. _____
9. Permanent Home Address _____
   _____
10. E-mail ID(Personal) in Capital Letters _____

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.

(Signature of the Student)

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

Recommended & Forwarded

Major Advisor/Class Incharge
(Full Signature with date & seal)

Counter Signed
(Dean)
(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
(Programme Name)

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

Signature _____