

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. University Registration No. _____

3. Library Membership No. Yes No
 If yes _____

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 _____



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.

(Signature of the Student)

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.

Recommended & Forwarded

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

Counter Signed
(Dean)
(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
 (Programme Name)

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

Signature _____