

UNIVERSITY LIBRARY
GURU ANGAD DEV VETERINARY AND ANIMAL SCIENCES UNIVERSITY LUDHIANA
REQUEST FORM FOR ISSUE/RESET EMAIL ADDRESS On domain gadvasu.in

1. Name (in Capital Letters)	<hr/>	PHOTO
2. Designation	<hr/>	
3. Library Membership No. If yes	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/>	
4. Mobile No.	Signature of JLA/ Asst. Librarian <hr/>	
5. Department	<hr/>	
6. Phone No of the Department	<hr/>	
7. Name of Building	<hr/>	
8. E-mail ID(Personal) in Capital Letters	<hr/>	
9. E-mail ID (Official) in Capital Letters (On GADVASU Domain, if already issued)	<hr/>	
10. Purpose of issuing an official email ID	<hr/>	

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 University Library.

Recommendation & Forwarded

(Dean/Head)

(Signature with Date & Seal)

Despatch No:

Approved/Not Approved

Date:

University Librarian

(For Office Use Only)

User ID issued <hr/>	Assigned Organization Unit <hr/>
Created on dated <hr/>	Member of Storage Group <hr/>
Sent Email on dated <hr/>	Data added in Recovery Tab <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature