For Faculty

UNIVERSITY LIBRARY

GURU ANGAD DEV VETERINARY AND ANIMAL SCIENCES UNIVERSITY LUDHIANA

Request Form for ISSUE/RESET the Login for VPN ACCESS

PHOTO

1. Name _____
2. Designation _____
3. Library Membership No. ☐Yes ☐No
   If yes _____
   Signature of JLA/Asst. Librarian
4. Mobile No. _____
5. Department _____
6. E-mail ID _____

Note: Check your E-mail for the access of VPN.

Declaration:

1. I will abide by the security policies framed by the University Library for accessing the VPN.
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)

1. User Id issued _____
2. Created on dated _____
3. Sent Email on dated _____

Signature