For Faculty/Staff

UNIVERSITY LIBRARY

GURU ANGAD DEV VETERINARY AND ANIMAL SCIENCES UNIVERSITY LUDHIANA

REQUEST FORM FOR ISSUE/RESET EMAIL ADDRESS On domain gadvasu.in

PHOTO

1. Name (in Capital Letters) _____
2. Designation _____
3. Library Membership No. ☐ Yes ☐ No
   If yes _____
   Signature of JLA/ Asst. Librarian
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, if already issued)
10. Purpose of issuing an official email ID _____

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)

Dispatch No: Approved/Not Approved
Date:

University Librarian

(For Office Use Only)

User ID issued _____ Assigned Organization Unit _____

Created on dated _____ Member of Storage Group _____

Sent Email on dated _____ Data added in Recovery Tab ☐ Yes ☐ No

Signature