For Students

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. Programme Name _____
3. Library Membership No. ☐ Yes ☐ No
   If yes _____
   Signature of JLA/ Asst. Librarian
4. Admission No. _____
5. Mobile No. _____
6. Department _____
7. Phone No of the Department _____
8. Name of Building _____
9. E-mail ID(Personal) in Capital Letters _____
10. E-mail ID(Official) in Capital Letters _____
    (On GADVASU Domain, if already issued)
11. Purpose of issuing an official email ID _____

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 Organization Unit _____

Created on dated _____ Member of Storage Group _____

Sent Email on dated _____ Programme Name added in User Details ☐ Yes ☐ No

Data added in Recovery Tab ☐ Yes ☐ No

Signature