For Student

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. Admission No _____
3. Library Membership No. ☐ Yes ☐ No
   If yes _____
   Signature of JLA/ Asst. Librarian
4. Mobile No. _____
5. Class _____
6. College _____
7. Department Name _____
8. Room No. _____
9. Hostel No. _____
10. Permanent Home Address _____
    _____
11. E-mail ID _____

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

Declaration:

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

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

Signature