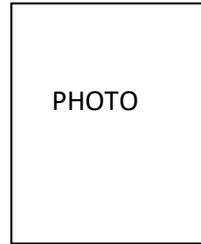


UNIVERSITY LIBRARY
GURU ANGAD DEV VETERINARY AND ANIMAL SCIENCES UNIVERSITY LUDHIANA
Request Form for ISSUE/RESET the Login for VPN ACCESS

- 1. Name _____
- 2. Admission No _____
- 3. Library Membership No. Yes No
If yes _____
- 4. Mobile No. _____
- 5. Class _____
- 6. College _____
- 7. Department Name _____
- 8. Room No. _____
- 9. Hostel No. _____
- 10. Permanent Home Address _____

- 11. E-mail ID _____



Signature of JLA/ Asst. Librarian

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 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.

Recommended & Forwarded

Major Advisor/Class Incharge
(Full Signature with date & seal)

Counter Signed
(Dean)
(Signature with Date & Seal)

Despatch No:
Date:

Approved/Not Approved

University Librarian

(For Office Use Only)

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

Signature