Form No.: UCITIM/ F05

**University Centre for IT Services &Infrastructure Management**

**Guru Gobind Singh Indraprastha University**

**Sector-16 C, Dwarka, Delhi – 110078**

# E-MAIL [ @ipu.ac.in ] ACCOUNT FACILITY REQUEST FORM

(For University Student Only)

|  |  |
| --- | --- |
| School’s Name | ……………………………………………………………………  …………………………………………………………………… |
| Student Name | …………………………………………………………………… |
| Father / Guardian Name | …………………………………………………………………… |
| Name of Programme | …………………………………………………………………… |
| Enrolment Number | …………………………………………………………………… |
| Year of Admission | …………………………………………………………………… |
| Primary Mobile Number | …………………………………………………………………… |
| Student Valid E-Mail Id | …………………………………………………………………… |
|  |  |
| *Note: Kindly enclose the Student I-Card / Admission Fee Slip* | |

Student Signature

Signature of Dean / Class Teacher

(With Seal)