Form No.: UITS/ F06



**University IT Services Cell**

**Guru Gobind Singh Indraprastha University**

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

# INTERNET ACCESS LOGIN FACILITY / CHANGE PASSWORD FORM

(For University Employee / USS Students Only)

|  |  |
| --- | --- |
| Department / Schools Name | …………………………………………………………………… |
| Employee / Student Name | …………………………………………………………………… |
| Employee Designation / Programme Name | …………………………………………………………………… |
| Employee Code / Enrollment Number | ……………………………………(On Regular….../ Contract.….) |
| Year of Joining / Admission | …………………………………………………………………… |
| Primary Mobile Number | …………………………………………………………………… |
| User’s E-Mail Address | …………………………………………………………………… |
| Reason for Internet Access Login / Change of Password | …………………………………………………………………… |
| **I Confirm the following:**   1. I have **enclosed** copy of my University I-Card / Appointment Letter / Admission Slip 2. I shall not share my Password / Credential to anyone. 3. I shall be fully responsible for any activities carried out through my user account. | |

Employee / Student Signature

Signature of Dean / Supervisor / Branch Head

Date: …………………………..

**To be filled by UITS Cell, GGS Indraprastha University**

Remarks (If any): ………………………………………………………………………………….…..

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Signature of Head, UITS Cell