



**University IT Services Cell
Guru Gobind Singh Indraprastha University
Sector-16 C, Dwarka, Delhi – 110078**

**E-MAIL | @ipu.ac.in | ACCOUNT FACILITY / CHANGE PASSWORD FORM
(For University Employee Only)**

Schools / Branch Name

Employee Name

Employee Designation

Pay Scale / Grade

Employee Code(On Regular / Contract.....)

Mobile Number

Employee Alternet E-Mail Id

Official E-Mail id
(Desired / Allotted)

Reasons for Official E-Mail id
/ Change of Password

I confirm the following:

1. I have **enclosed** copy of my University I-Card / Appointment Letter.
2. I shall not share my User Id / Password to anyone.
3. I shall be fully liable for any illegal activities observed through my User id.

Employee Signature

Signature of Dean / Branch Head
with Office stamp
Date:

To be filled by UITS Cell, GGS Indraprastha University

Remarks (If any):

Signature of Head, UITS Cell