



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 Student Only)**

Schools Name .....

Student Name .....

Father / Guardian Name .....

Name of Programme .....

Enrollment Number and ..... Year.....  
Year of Enrollment

Mobile Number .....

Valid E-Mail Id .....

Allotted Official E-Mail id .....  
(if any)

**Reasons for Official E-Mail id** .....  
**/ Change of Password** .....

**I confirm the following:**

1. I have enclosed copy of my University I-Card / Admission Slip
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.

Signature of Dean / Supervisor

Student Signature

(With Office Seal)

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

Remarks (If any): .....

Signature of Head, UITS Cell

Given E-Mail id:.....

Date:.....