



**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

Enrolment Number

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)

To be filled by UITS Cell, GGS Indraprastha University

Remarks (If any):

Signature of Head, UITS Cell

Given E-Mail id:.....

Date:.....