



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

**INTERNET ACCESS LOGIN FACILITY / CHANGE PASSWORD FORM**

Department / School Name .....

Employee / Student Name .....

Employee Code /Enrolment Number .....

Year of Joining / Admission .....

Primary Mobile Number .....

Valid E-Mail Id .....

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 User Id / Password to anyone.
3. I shall be fully liable for any legal activities observed through my User id.

Employee / Student Signature

Signature of Dean / Supervisor / Branch Head

Date: .....

---

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

**Remarks (If any):** .....

Signature of Head, UITS Cell