



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(On Regular...../ Contract.....)

Number

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):

.....

Signature of Head, UITS Cell