



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