



Directorate of IT & SS
University of Kashmir
Membership form for (KUVPN) Access Services

1. Name _____
2. College/ Department _____
3. Designation _____ Ph _____
4. Dated: _____ E-Mail ID _____
5. Address _____

Affix
Self attested
Passport size
Photograph Here

Certified that:-

- Particulars given above are correct.
- I shall strictly abide by the rules of the University.
- I shall be entirely responsible for maintaining the secrecy of the user name and password allotted to me.
- Any unauthorized communication from my user ID will make me liable for any action against me by the University authorities under law.

Sig of the Applicant

Note:

- User may change the password as frequently as he/ she wishes in order to prevent any unauthorized access. University has every right to cancel any membership any time without assigning any reason.
- Enclose Copy of valid Institute ID Card.

Certificate

Certified that Mr./Mrs. _____ is a (Permanent/ Contractual) Official of the institute.

Seal and Signature of the Authority

Note: To be certified by the Concerned Principal / Head/ Director under whom the Concerned Official is working.

Service Required

Access to desired service belongs to Dept./ Section/ Unit of the University _____

Name of the desired Service: _____

Seal and Signature of the Authority

Note: To be certified by the Concerned University Administrative Officer/Head/Director under whom the required Service falls.

Admitted / Not Admitted

Network Engineer (IT&SS)

Director (IT&SS)