

**PONDICHERRYUNIVERSITY
COMPUTER CENTRE
REQUISITION FORM FOR AUTHENTICATION**

(To be submitted through Dean/HOD)

Date:

Purpose (tick) : Authentication

Name : Identity No: Valid upto:
(Enclose copy of ID Card issued by the University Library)

Designation: Department: Course:

Intercom No/Mobile No: Email ID for reply:

Category : Faculty/Staff/Ph.D. Scholar/Student/Others _____

DEAN/ HOD'S Signature

Applicant Signature

** On receipt of the username and password, kindly change your password at your first login*

(FOR OFFICIAL USE)

Action taken by : Received Date & Time:

Remarks : Acknowledgement by: Intercom/Mobile/E-mail

Signature of Proxy Administrator
(with date)

Systems Manager & Head

I received my username password from Computer Centre