

Date: \_\_/\_\_/\_\_

NAME OF PROGRAM / DEPARTMENT		NAME OF DEAN / HOD / PROJECT HEAD	
USER NAME			
FIRST NAME		LAST NAME	
MOBILE NO		PERSONAL EMAIL ID	

RESOURCE NAME	TICK THE ITEM		
AD USER ID	<input type="checkbox"/>		
EMAIL ID	<input type="checkbox"/>		
Wi-Fi ID	<input type="checkbox"/>		
PRINTER ID	<input type="checkbox"/>		

JUSTIFICATION	
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SIGNATURE OF USER

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SIGNATURE OF DEAN / HOD /PROJECT HEAD

----- TO BE FILLED BY THE IT DEPARTMENT -----

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APPROVAL BY ITS ADVISOR (SIGNATURE)

COMMENTS / REMARKS:

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