

VPN REQUEST FORM



UNIVERSITY OF HEALTH SCIENCES LAHORE
For World Class Professionals

Photograph

Attach two
Passport-Size
Photographs

Part I: Individual Information

Name _____
Department: _____ Class: _____
Roll #: _____ Session: _____
Address: _____
Contact No(s) _____ E-mail: _____
CNIC #/Passport #/UHS ID: _____

Part II: Departmental Endorsement

It is certified that Prof/Dr/Mr/Mrs/Miss/Ms. _____ Roll #. _____
is currently enrolled in the program _____ session _____ of the department.
Signature: _____ Date: _____
(Head of Department)

Part III: VPN Access Declaration (For Off-Campus Access):

I understand that the off-campus access is a privilege given to me by UHS Library and therefore I shall be subject to all conditions set upon from time to time without prior notice. The username and password are **strictly** for my personal research and learning purposes and UHS Library has the right to revoke this privilege if there is a proof that I knowingly disclose the access codes to any third party.

Signature

Organizational Stamp

Date

Part IV: For Office Use Only

Membership No. _____
User's Name: _____ Password _____
Date of Grant: _____ Date of Expiry _____
Signature (Librarian) _____ Signature (Director IT): _____
Name. (Approving Authority): _____ Signature _____