



Information Technology (IT) Center

Bahauddin Zakariya University, Bosan Road, Multan (PAKISTAN)

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IT Services Requisition Form

| | |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: | |
| Designation: (Student/Lecture etc.) | |
| Department: | |
| Contact No.: | |
| Alternative Email Address: (Already Used) | |
| BZU Registration #: | |
| CNIC No.: | |
| Requisition Type: (Select ONLY ONE Option) | <input type="radio"/> Internet Account & VPN <input type="radio"/> Email Account <input type="radio"/> Turnitin Account <input type="radio"/> Microsoft Windows Account |

Note: This Form is valid for **ONLY ONE SERVICE**. Please don't select Multiple Services in one Form.

Applicant Signature
(with date)

Signature & Stamp
(Head of Department / IT Coordinator)

Official Use Only

| | |
|---------------------------|--|
| Date & Time: | |
| Assigned To: | |
| Assigned Login: | |
| Assigned Password: | |

Reference No. _____