



**University IT Services Cell**  
Guru Gobind Singh Indraprastha University  
D-412, Sector-16 C, Dwarka, Delhi – 110078



**E-MAIL [ @ipu.ac.in ] Request /Change Password Form**  
(For University School's Student Only)

Univ. School Name .....

Student Name .....

Father / Guardian Name .....

Name of Programme ..... Year.....

Enrollment Number and Year .....

Mobile Number (1).....(2).....

Valid E-Mail Id .....

Allotted University Email Id .....

(If any)

Reasons for University .....

E-Mail Id / Password Change .....

**I confirm the following:**

1. I have enclosed copy of my University I-Card / Admission Slip (If I-Card not issued earlier)
2. I shall not share my user credential to anyone & use University Email for Academic Purpose.
3. I shall be fully liable for any illegal activities observed through my user id.
4. The allotted University Email Id will be non-functional after completion of duration as programme structure.
5. I shall take NOC from UITS before leaving University.

University Student Signature

Signature of Dean / Supervisor  
With Office Stamp  
Date: .....

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**To be filled by UITS, GGS Indraprastha University**

Remarks (If any) .....

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In-Charge, UITS Signature

Given E-Mail Id.....  
Date.....