



Information Technology (IT) Center

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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 <input type="radio"/> Email Account <input type="radio"/> Turnitin 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. _____