

**ABV INDIAN INSTITUTE OF INFORMATION TECHNOLOGY & MANAGEMENT
GWALIOR**

FORM FOR NEW LOGIN-NAME

First Name: _____ Middle Name: _____ Last Name: _____

Roll No. / Personal File No. (*mandatory*): _____

Program (*for students*): _____

Designation (*for faculty/staff*): _____

Address (*office*): _____

Address (*residence*): _____

Tel. No. (*office*): _____ (*residence*): _____ (*cell*): _____

Desired initial Login-Name: _____ (*not more than 8 alphabetic characters*)

Desired initial Password: _____ (*not more than 8 characters*)

I have read and understood the IT Policy existing in ABV IIITM Gwalior, and have signed and submitted my acceptance (*on separate prescribed form*) to abide by the rules and regulations as per this policy.

(*Signature*)

The above named person is approved to have an official computer account in the Institute,
valid till: _____ (*expiry date*).

(*authorised signatory*)

(*For official use only*)

Login-Name given: _____ Initial Password given: _____

Created by: _____ Date: _____