

Directorate of Information Technology

University of Balochistan



VPN Registration Form

Date: _____

Name: _____

Father's Name: _____

C.N.I.C: _____

Class (for Students): _____

Enrollment No (for Students): _____

Department: _____

Designation (For Faculty Members): _____

Contact No. _____

E-mail Address. _____

Signature

Verified by Chairperson

For Office Use

Email Address: _____

Signature