



Directorate of Information Technology

University of Balochistan



Smart University (WiFi) Registration Form

(For Faculty Members, Officers & other Personnel, UoB Main Campus)

Date: _____

Name: _____

Father's Name: _____

C.N.I.C: _____

Department: _____

Designation: _____

Contact No: _____

E-mail Address: _____

Signature

- To be Endorsed by the concerned Dean or Chairperson (In case of faculty)
- To be Endorsed by the Sectional Head (In case of Officers / Employees)

For Office Use Only

Credentials: _____

Signature