BOLAN UNIVERSITY OF MEDICAL AND HEATLH SCIENCES, QUETTA
DIRECTORATE OF INFORMATION TECHNOLOGY
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INTERNET ACCESS POINT FORM FOR EMPLOYEES

EMPLOYEE PERSONAL DETALIS

Employee Name	
Father's Name	
CNIC NO.	
Contact No.	
Emergency No.	
Email Address (Optional)	

EMPOLMENT DETAILS

Department Name	
Designation	
Head of Department	

_____ _____

Seal/Stamp of Head of Department Signature of Head of Department

ICT DEPARTMENT DETAILS (FOR OFFICE USE ONLY)

Device Type	
Device MAC Address	
Name of Access Point	
Date of Access Allocation	

ANY REMARKS

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Signature of Head of ICT