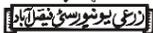# UNIVERSITY OF AGRICULTURE FAISALABAD

LMS Account Request Form

Directorate of Information Technology and Data Bank (ITRCDB)

NOTE: Fill out the form and send it to Directorate of Information Technology Resource Center and Data Bank (ITRCDB)

Personal Information

Salutation: ☐ Dr.   ☐ Mrs.   ☐ Mr.   ☐ Ms.

First Name: _____

Surname: _____

Contact No. _____

Email Address: _____

City/Town:

Country:

University Affiliation: *Please enter your P# from your salary slip

Category: ☐ Student (☐ Post Graduate ☐ Under Graduate)   ☐ Faculty   ☐ Staff

Degree Program: _____   Designation: _____

Discipline/Department: _____   Department: _____

Student Reg. No. _____   Employee ID No. _____

For Applicant/Department Use

Applicant Signature: _____   Application Date: _____

Dean/Chairmen/Director: _____
                                            Signature / Stamp

For ITRCDB Use Only

Authorized Signature: _____   Approval Date: _____

University of Agriculture, Jail Road, Faisalabad, Pakistan. Zip Code 38000

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