

UNIVERSITY OF BALOCHISTAN, QUETTA Directorate of I.T

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Signature

	REGISTRA	ATION FORM FO	Dated: R ONLINE FACILITIE	<u>s</u>	
Employee	Officer	Faculty Member	Student		
			Under Graduate Stud	ent	
			Post Graduate Stud	ent	
Name:	me: Father's Name:				
C.N.I.C No: _		Depa	rtment:		
Designation:		Enrollment No:			
Student Only Program		Student Only Session:	Student Only Semester:		
Contact No: _	E-Mail Address:				
For Employee / Officer / Faculty Member			For Students		
1. Smart University Wi-Fi			1. Smart University Wi-Fi		
2. UoB Official E-Mail			2. UoB Official E-Mail	For Post Graduate Students Only	
3. UoB VPN Facility			3. UoB VPN Facility	For Post Graduate Students Only	
4. UoB UM E	-Mail				
			Signature:		
Important N	ote:				
2. Attach 33. Attach 1	Students I.D. Car Employee Card. (d (For Students) (For Employee / Officer	erson / Director. (For Students - / Faculty Member) ee / Officer / Faculty Member)		
		For DIT Office	Use Only		
ID / E-Mail A	Address:				
Paccward:					