



The Islamia University of Bahawalpur

APPLICATION FOR IUB VPN SERVICE

Date: _____ Ref No: _____

Name: _____

Email: _____ Contact No: _____

Department: _____ Designation: _____

Program: _____ Location: _____

Desired Login: _____ Signature: _____

Chairman/Chairperson/Principal/Director/HOD/Administrative Head _____

Signature with Official Stamp

Director IT IUB