Requisition Form for Upload of Information/ Document on www.gbpuat.ac.in

Please fill the information for document upload/information update

Name of the Department / Unit/ :

Name of Person authorizing the Upload:

Details of the person handing over/ sending the document by email for upload

Name

E-mail:

Ph./mobile Number:

Title of document upload/information update:

Type of document upload/information update:

Period of the Upload: From................... (Date)   To............................. (Date)

Is this modification/replacement of previous document/information if yes then previous request ID?

(Signature of authorizing person)

For University Website Management Cell Office Use:

Request ID:

Can the document be uploaded or information be updated: yes/no

Uploaded By:	
Uploaded date/Time:	
Removal Date/Time:	
Removed By:	