

Ref. No. _____

Dated: _____

SOCIAL MEDIA ACCESS FORM

Name _____

Department/Faculty _____

Designation _____

Email _____

Time Span: Full Time

URL (Need to unrestricted) _____

Reason

Requested By _____

Date ____/____/____

Head Of Department

Requested By

Vice Chancellor

Approved By

2- For IT Department

IP _____

Social

Other

System Engineer

Manager IT