



Government Medical College, Srinagar

190010-Karan Nagar, Srinagar Kashmir (Phone No. 0194-2504114 & Fax No. 0194-2503115)

Email: academicsection@gmcs.ac.in & Website: www.gmcs.edu.in

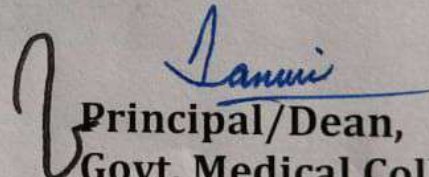
(Academic Section)

Subject: Online Submission of Send-Up Award at E-Award Portal of University of Kashmir.

Notice

It is notified for information of all the concerned HODs who have to upload Send-Up Award of their subjects at the E-Award Portal of University of Kashmir to fill the KUVPN Form (copy attached herewith) for access of the same from their official places, otherwise they have to upload the same from the University campus.

The hard copy of the filled form should be submitted in the office of the undersigned by or before 25-11-2023 for its onward transmission to the University of Kashmir.


Principal/Dean,
Govt. Medical College,
Srinagar.

No: GMCS/Acad/SS/7450-60

Dated: 23 /11/2022.

Copy to the, for information & necessary action:

1. Controller of Examinations, University of Kashmir, Srinagar.
2. Head of the Departments (concerned), Govt. Medical College, Srinagar.
3. In-Charge, I.T. Section, Govt. Medical College, Srinagar with the direction to upload the Notice on the College website.
4. Office Record File.



Directorate of IT & SS
University of Kashmir
Membership form for (KUVPN) Access Services

1. Name _____
2. College/ Department _____
3. Designation _____ Ph _____
4. Dated: _____ E-Mail ID _____
5. Address _____

Affix
Self attested
Passport size
Photograph Here

Certified that:-

- Particulars given above are correct.
- I shall strictly abide by the rules of the University.
- I shall be entirely responsible for maintaining the secrecy of the user name and password allotted to me.
- Any unauthorized communication from my user ID will make me liable for any action against me by the University authorities under law.

Sig of the Applicant

Note:

- User may change the password as frequently as he/ she wishes in order to prevent any unauthorized access. University has every right to cancel any membership any time without assigning any reason.
- Enclose Copy of valid Institute ID Card.

Certificate

Certified that Mr./Mrs. _____ is a (Permanent/ Contractual) Official of the institute.

Seal and Signature of the Authority

Note: To be certified by the Concerned Principal / Head/ Director under whom the Concerned Official is working.

Service Required

Access to desired service belongs to Dept./ Section/ Unit of the University _____

Name of the desired Service: _____

Seal and Signature of the Authority

Note: To be certified by the Concerned University Administrative Officer/Head/Director under whom the required Service falls.

Admitted / Not Admitted

Network Engineer (IT&SS)

Director (IT&SS)