



Campus Management System

Module Access Authorization Form

Application / Module Name: _____

Department Name: _____

Employee Name: _____ Employee ID: _____

CNIC: _____ Official Ext No. _____ Cell #: _____

Official Email: _____

(Your username and password will be sent on this email)

Note: After receiving your username and password you will be responsible for official use of this module. Therefore, please do not share your username and password with any one. In case, if you feel that your module is accessed by any unauthorized/unknown person then inform MIS team immediately.

Employee Signature

I hereby authorize Mr./Miss _____ Designation _____

to use CMS module _____ on behalf of _____

department / office.

HoD Name: _____ **HoD Signature:** _____ **Date:** _____

For MIS Use Only

Email Sent By: _____ Date: _____

Comments: _____

Manager MIS