**APPLICANT DETAILS**

Name with Initials : ………………………….………………………………………………..

First Name : ………………………………… Last Name : ……………….……………….

Official Email : ……………………………..…………………………………………………..

Alternative Email : ………………………………..……………………………………………

Emp Number : ………………………….. Mobile Number : ………………………….

Home Land Line Number (Verification Purpose) : ……...………………………………

Department/Unit/Centre/Administrative Division : ………………………………………

Faculty : …………………………………………………………………………………………

Designation : …………………………………………………………………………………….

I declare that information and particulars given above are true. Also, I shall strictly abide by the rules and regulations governing Internet access and email usage at Sabaragamuwa University. I understand that my zoom account will be **automatically deleted once I resign / retire** from the University or **inactive for 30 days**\*\*\*.

Date : …………………... Signature of the Applicant: …………………………………...

**RECOMMENDATION**

I recommend / do not recommend the creation of a Zoom account to the above applicant

Appointment duration from ………………….. to ……………………

Date ………………………… ……………………………….

Head of the Department

**Approval**

I approve/ do not approve the creation of a Zoom account to the applicant.

Date …………………………… ………………………………………………

Director - Center for Computer Studies