

OSMANIA UNIVERSITY
APPLICATION FORM FOR STAFF LOGIN



1. Employee ID NO : _____
2. Name : _____
3. Designation : _____
4. Name of the Department : _____
5. Place of Work : _____
6. Year of Joining : _____
7. Contact Phone Number : _____
8. Email ID : _____

DECLARATION

I, Prof. / Dr. / Mr. / Ms. / _____ S/o, D/o _____
Hereby declare that I shall use my Staff Login account allotted to me as per the existing policies of the University, that may be changed from time to time. I shall not reveal my Login Credentials to anybody and I am solely responsible for the activities done through my account.

Signature of the Employee:

Date:

(Note: Please Enclose Xerox copy of your ID card)