



# University Of Narowal

OFFICE OF IT SERVICES

## PASSWORD RESET FORM

Student's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Reg. No: \_\_\_\_\_

UON Email: \_\_\_\_\_

Alternative Email: \_\_\_\_\_

Department: \_\_\_\_\_

Semester: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

HOD's Signature: \_\_\_\_\_

Remarks: