**U.S.-Pakistan | Centers for Advanced Studies in water**

**Mehran University of Engineering & Technology, Jamshoro**

**Door Access Authorization Form**

**THIS FORM MUST BE SIGNED BY ALL EMPLOYEES AND STUDENTS**

**Please check one of the boxes below that applies to your status.**

|  |  |
| --- | --- |
| **Faculty** |  |
| **Staff** |  |
| **Student (MS)** |  |
| **Student (PHD)** |  |
| **Other** |  |

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Last Name:**

**Roll No/Employee Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Ph.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The above named person is authorized to have door access listed below. (Please initial on each door)** | | | | | |
| **Admin D1, D2** | **Hydraulic Glass Door (Outdoor)** | **Hydraulic Lab** | **Main Entrance Gate** | **CCTV Room** | **Departmental Head** |
| **Soil & Water Lab** | **Lobby 2 Entrance Gate** | **Faculty D1, D2** | **CS Lab** | **GIS Lab** | **AWQ LAB** |
| **Research Fellows** | **Comm Room** | **O&M Office (D1, D2)** | **Pilot Scale Lab (D1, D2)** | **Scholar Room** |  |

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Request/description of work to be done by the student in the lab:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Approval of Issuance / Acknowledgment** |
| **Supervisor\In charge signature**  **Name:** \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Access Valid till: \_\_\_ /\_\_\_ /\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **I agree to the following (please initial each line):**  \_\_\_\_ I will verify that the entrance is secured upon entry and leaving.  \_\_\_\_ I will not allow anyone to follow me through the entry  \_\_\_\_ Suspicious persons or activities will be reported to Administration.  \_\_\_\_ If I lose my card, I will notify System Administrator. 0321 3091813.  \_\_\_\_ I will notify department if I terminate, transfer or complete degree.  ***Acknowledgement***      **Name:** \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_** |