**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:**

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

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| **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: \_\_\_\_/\_\_\_\_/\_\_\_\_** |