



OSMANIA UNIVERSITY
APPLICATION FORM FOR STAFF LOGIN
(FOR REGULAR TEACHING STAFF)

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 :

COLOUR
PASSPORT
SIZE
PHOTOGRAPH

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)