SRI KARAN NARENDRA AGRICULTURE UNIVERSITY, JOBNER

EMAIL PASSWORD RESET APPLICATION FORM (EMPLOYEE)

1. Personal Information:

   Full Name: _____

   Employee ID: _____

   Designation/Department: _____

   Contact Number: _____

2. Email Information:

   SKNAU Email Address (Username): _____@sknau.ac.in

   Alternate Email Address (other than SKNAU domain for sending reset link):

   _____

3. Password Reset Request:

   Reason for Password Reset:
   [ ] Forgot Password
   [ ] Account Locked
   [ ] Security Concern
   [ ] Other:

   _____

4. Consent and Agreement:

   I confirm that the information provided above is correct and accurate to the best of my knowledge.
   [ ] I agree to the Terms and Conditions.

   I understand that any fraudulent request may result in account suspension.
   [ ] I acknowledge this.

Approval of HOD with Seal/ Sign   **Signature of the Applicant**
                                                   Date:

                          For OFFICE USE

Password Reset on _____

                                                   Officer Incharge