

THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA

CITM/MAT/01

Centre of Information and Technology Management
REQUEST FOR ALLOCATION OF MATLAB LICENSE

TO: HEAD, CITM

1. Initiated by (Name)

2. Signature

3. Designation/ Roll No.

4. Deptt./School/Centre/Section/Unit

5. Present email id, if any

6. Mobile number

7. MAC address of your PC/Laptop

8. Operating System (Minimum Win7-SP1)

9. OS Version (32bit/64Bit)

Note: Please fill all the above fields and tick (✓) the services you are requesting for:

To be used in Lab Computer

To be used in Laptop

Forwarded and Recommended to HCITM

SIGNATURE OF HEAD

(HEAD of Department/School/Centre/Section/Unit)

To be filled by CITM

Received on dated: _____

Sr. No. _____ Job assigned to:

(HCITM)

	MATLAB License Detail	

(System Analyst)