

**THAPAR UNIVERSITY, 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)**