

Contact Information Form

For University Representatives



Please send the complete form back to **PERN secretariat Office, Higher Education Commission H-9 Islamabad** incomplete form may delay or rejection.

Organization Details	Organization Name	
	Organization Address	

Section: 1

Department Head	<i>Please fill in the particulars of the person likely to be with organization for long time preferably Chairman of the computer science Department/ Network Infrastructure wing and will be responsible for leading University representative team dealing for PERN.</i>		
	First Name (Given Name)	Last Name (Surname)	Title
	Official Address		
	Office Number (Landline)	Mobile Number	Official Email Address

Section: 2

Director / Manager IT Department	<i>Please fill in the particulars of the person responsible after the Department Head and responsible for day to day Routine Management Task regarding PERN.</i>		
	First Name (given Name)	Last Name (Surname)	Title
	Official Address		
	Office Number (Landline)	Mobile Number	Official Email Address

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Section: 3

Network / System Admin	<i>Please fill in the Name of the Particular person responsible for the configurations and any technical queries regarding PERN.</i>		
	First Name (Given Name)	Last Name (Surname)	Title
	Official Address		
	Office Number (Landline)	Mobile Number	Official Email Address

Customer Acceptance

I have read and agreed the terms and conditions of PERN policies i.e. Access Usage policy and Network Connection policy available at URL <http://www.hec.gov.pk/eReforms/PERN.htm>

Prepares By:

Approving Authority

Name	
Designation	
Official Stamp	
Date	

Name	
Designation	
Official Stamp	
Date	