



SOFTBOX MANAGED BY CYBER CENTER

Advancing Communication for a Better Education

NSTU SOFTBOX ACCESS APPLICATION

OFFICE UNIT NAME:

MANAGED BY:

ACCOUNT INCHARGE:

P I N & DESIGNATION:

PHONE NUMBER:

RECOVERY EMAIL:

PURPOSE OF THIS ID:

EXPECTED EMAIL ID:

*Expected email address should contain office name and @office.nstu.edu.bd extension. e.g. iqac@office.nstu.edu.bd

I, _____ (office unit head), hereby request the university authority to grant a login credentials to the above applicant. I believe the account incharge is well aware about the sensible usage of the system. If any future breaching is occurred, our office unit is committed to cooperate the authority to take investigative action against him/her as per university rule.

Date

Office Unit Head's Signature

USER'S AGREEMENT

I, _____ (account incharge's name), have read and understood the terms and conditions of using NSTU SOFTBOX services set by the university. I will use this official account for the sole purposes of the office unit I work for. I won't use this email address for my personal use and to any questionable websites, and apps. I won't keep this account unattended and will immediately update my office unit head if I lost access to this account. Overall, I won't misuse this system anyway and always follow the best practices to uphold the dignity and reputation of the Noakhali Science and Technology University.

Account Incharge's Signature