Form No.: Date:

Sankalchand Patel University

Supercomputer Computational Services

(Form to avail Supercomputer Facility)

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To be filled up by the applicant

Full Name:

Designation: Department:

College/Institute: Work/Project:

SPU Email id: Internal Phone No.:

Mobile No.: Signature:

To be filled up by the Faculty, HOD and Principal

Please provide an SPU Supercomputer Account.

Remarks(If any):

Faculty/Guide Signature: HOD Signature:

Dean/Principal Signature:

Co ordinator: for Record

Date: Signature:

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For Supercomputer Centre use

User ID: Group:

Home Directory: Expiry Date:

Created on: By:

Signature: