

**Advancing Communication for a Better Education** 

## NSTU SOFTBOX ACCESS APPLICATION

EMPLOYEE NAME:	
OFFICE UNIT NAME:	
EMPLOYMENT TYPE:	
PIN & DESIGNATION:	
PHONE NUMBER:	
RECOVERY EMAIL:	
PURPOSE OF THIS ID:	
EXPECTED EMAIL ID*:	
	*Expected email add should contain first/ last name and @admin.nstu.edu.bd extension. e.g. javed@admin.nstu.edu.bd
I,	(office unit head), hereby request the university authority
to grant a login credenti	ials to the above applicant. I believe the account holder is well aware about the
sensible usage of the sy	ystem. If any future law breaching is occurred, our office unit is committed to
	to take investigative action against him/her as per university rule.
1	
Date	Office Unit Head's Signature
USER'S AGREEMENT	
I,	(account holder name), have read and understood the terms and
	ΓU SOFTBOX services set by the university. I will use this official account for
	to sol ibox services set by the university. I will use this official account for
the sole purposes of th	· ·
	ne office unit I work for. I won't use this email address to any questionable
websites, apps or places	ne office unit I work for. I won't use this email address to any questionable s. I won't keep this account unattended and will immediately update the cyber
websites, apps or places center by letter if I lost	ne office unit I work for. I won't use this email address to any questionable s. I won't keep this account unattended and will immediately update the cyber access to this account. Overall, I won't misuse this system anyway and always
websites, apps or places center by letter if I lost	ne office unit I work for. I won't use this email address to any questionable s. I won't keep this account unattended and will immediately update the cyber

**Account Incharge's Signature**