NIDA Library NetID Application Form for Alumni

Application Date: _____

Name: ☐ Mr. ☐ Mrs. ☐ Miss First Name: _____Surname: _____

In case of a change of first name and/or surname, please attach a copy of the official name-change document.

Previous First Name: _____ Previous Surname: _____

Thai National ID No.: _____NIDA E-mail: _____@stu.nida.ac.th (if applicable)

Contact E-mail: _____

Registered Address: _____

_____Telephone: _____

Current Address: ☐ Same as registered address

☐ Different from registered address (please specify) _____

_____Telephone: _____

Workplace: _____

_____Telephone: _____

Occupation: _____Position: _____

Mobile Phone: _____

NIDA Student ID No.: _____Date of Birth: _____ / _____ / _____

School / Faculty: _____Program: _____

Degree Level: ☐ Doctoral Degree ☐ Master's Degree

Program Type: ☐ Regular Program ☐ Special Program

☐ Graduation Date: _____ / _____ / _____

Reason for Requesting a NetID: _____

I hereby acknowledge and understand the rights, terms, and conditions governing the use of the National Institute of Development Administration (NIDA) NetID. I agree not to allow any other person to use my NetID and will not use it for commercial purposes. I also agree to comply with all applicable rules and regulations of the Institute.

Applicant's Signature: _____

(_____)

Date: _____ / _____ / _____

For Official Use Only:

Receipt No._____ Receipt Date _____ Expiration Date _____Received by _____

Receipt No._____ Receipt Date _____ Expiration Date _____Received by _____

Receipt No._____ Receipt Date _____ Expiration Date _____Received by _____

Receipt No._____ Receipt Date _____ Expiration Date _____Received by _____

Note: For further information, please contact services@nida.ac.th Tel. 0 2727 3737; 0 2727 3743