

Submitted - Staff

Date:

Request for Internet Wireless Access Account/ Change of Password

Name	
Designation	
Department	
Mobile Number	
E-mail Id	
Status	Permanent Faculty/ Guest Faculty
Device	Laptop/ Mobile Phone/ Tablet/
MAC-ID	
Type of request	Registration/ Change of Password
Password desired (Min. 6 alphanumeric characters)	
I will use the facility for legal and ethical purposes only. I will be responsible for any activity done using this device. I will abide by all the rules pertaining to the Internet Access.	
Signature of Staff Member	
Signature of the HOD with Seal	Signature of the Principal with Seal
For Office Use	
Login Name	
Account created on:	Signature of the Network Administrator