Internet Access Form

Full Name (In Block Letter) * _____

Biometrics Id (If Any) _____   **Mobile No:** * _____

E-Mail: * _____

For Student Only	For Employee Only
Course Name: _____	Designation: _____
Semester/Year: _____	Department: _____
Expected Year of Completion: _____	D.O.J: _____ (DD/MM/YYYY)
Hostel No (If Any): _____	

Terms & Conditions:

1. The authentication, The User Id and Password will be given only through the given email address.
2. It is mandatory to change the password after first Login
3. IT Department will not share any user information with anyone unless authorized.
4. The user will remain solely responsible and Accountable for any type of misuse of internet form his/her accounts any kind of misuse will lead to account to be deactivated wherever needed.
5. Any kind of misuse may lead to legal consequences as per IT ACT 2000 and 2008 etc.
6. All action on internet is punishable in the same manner as if done in the physical space.

Undertaking:

1. I undertake that I would keep my password secret and I also understand that it is my responsibility to maintain it secrecy and I assume full responsibility for the same from the moment the password is given to me.
2. I also understand that if an unauthorized person accesses the internet id and password, I will be called to question and would have one responsibility for the same. I have put my signature on to this application form to acknowledge this responsibility.

☐ I Declare that I have read and understood the instructions and also undertake to abide by all the above rules and regulations.

Signature of applicant

Verified
IT Department Faculty In-Charge

Forwarded By
Head of Dept/Controlling head with
Date and seal

For IT Department Use only

Form No: _____   Date: _____

User Id: _____   Password: _____