

COMPUTER CENTRE

VIDYASAGAR UNIVERSITY ** Midnapore – 721 102 West Bengal

REGISTRATION FORM

[For Residential Students(Boarders)]

For Network & WI-FI Access for Hostels

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1. Name of the Applicant:	
2. University ID Card No.	
3. Department with semester and roll no.	
4. Contact No.	
5. Email ID	
6. Course Duration	From: To:
7. Residential Address in University (HOSTEL) including room no.	

2. Access Device details:

1. Type of Device (Pl. Tick)	Laptop /Tablet/Mobile /Other
2. Make, Model and Serial No.	
3. MAC / Physical Address	
4. Operating System (Pl. Tick)	Windows / Linux/ Mac/Android/ other
5. Operating System Version:	

3. Declaration:

I hereby declare that the above information is true to the best of my knowledge and belief. I further declare that I accept all the terms and conditions and policies of VU WIFI and I understand that I shall be held responsible for any violation caused by my username. I shall keep my username and password secret and shall not share it with anybody.

Signature of the Applicant Date:

Forwarded by HOD Hostel Superintendent

For Office Use Only

Internet Access Account details	Username:	Password:
IP Address assigned DHCP/Static	DHCP/ Static-	Validity:
Status of Account with Date	Opened on:	Closed on:

APPLICANT'S copy for record [VU- WIFI Internet access]

Name of Account Holder		
Internet Access Account details	Username:	Password:
SSID Allocated		
Account Valid Upto		

Documents to be submitted with this form: University ID card (self attested Xerox)

Director, Computer Centre

Verified by the Office of the PG Secretary

^{**}Keep this document with you only in safe custody



COMPUTER CENTRE

VIDYASAGAR UNIVERSITY ** Midnapore – 721 102 West Bengal

REGISTRATION FORM

[For Faculty/Officers/Staff/Research Scholar]

For Network & WI-FI Access from Campus

1.(Gener	al I	nfor	·mati	on:

1. Name of the Applicant	
2. Department	
3. Designation	
4. Contact No.	Mobile:
5. Email ID	
6. Residential Address in University (IF Staying in University Campus)	

2. Access Device details:

1. Type of Device (Pl. Tick)	Laptop /Tablet/Mobile /Other
2. Make, Model and Serial No.	
3. MAC / Physical Address	
4. Operating System (Pl. Tick)	Windows / Linux/ Mac/Android/ other
5. Operating System Version:	

3. Declaration:

I hereby declare that the above information is true to the best of my knowledge and belief. I accept all the terms and conditions and policies of VU WIFI and I understand that I shall be held responsible for any violation caused by my username/device MAC. I shall keep my username and password secret and shall not share it with anybody.

Signature of the Applicant Date:

Forwarded by HOD

For Office Use Only

Internet Access Account details	Username:	Password:
IP Address assigned DHCP/Static	DHCP/ Static-	Validity:
Status of Account with Date	Opened on:	Closed on:

APPLICANT'S copy for record [VU- WIFI Internet access]

Name of Account Holder		
Internet Access Account details	Username:	Password:
SSID Allocated		
Account Valid Upto		

Documents to be submitted with this form: University ID card (self attested Xerox)

Director, Computer Centre

Verified by the Establishment Section (Emp.ID)

^{**}Keep this document with you only in safe custody.