Wi-Fi Control Room, Campus Wide Optical Fibre Network (Lib bldg), Himachal Pradesh University, Shimla <u>Wi-Fi Request Form</u>

SECTION I: SUBSCRIBER INFORMATION

Personal Details:				
*Full Name:				
*Designation				
*Emp Code/student ID no:				
*Mobile:				
*Validity Period:				
Expected date of completion of the course/Contract/ Retirement				
*Email:				
Department:	1			
User Category:				
Faculty	Staff	student	Security	
Guest	Others			
MAC Address of the Machine/Mobile	phone_			
				
1	De	claration		
I hereby declare that:	<u>De</u>	<u></u>		
 The information provided in unauthorized access to othe 	s correct and will not indulge	in any activity and no	attempt will be made	e to gain
	r websites and facilities. tent/ data uploaded through Wi	-Fi.		
3. I have provided MAC address	ss of my own machine and will i	not share this with any		f theft of
this machine, written intima If at a later stage any information is for	tion will be given immediately in			low
this will result in the account deactivat				iow,
		(Signature c	of the applicant with da	te)
	Terms and Condition	ons		
1. H.P. University, Shimla is neither Gross misuse will lead the account to be			the compromised acc	ounts.
2. Users are requested to install antivi				
3. User's password will gets disabled w				ble a vite.
 H.P. University, Shimla does not sha of the University. 	are any user information with a	nyone uniess authorised	by the competent au	tnority
5. The Wi-Fi enablement under the pa			_	
It is informed that any action or co attributed to you even if it has been do				will be
7. You should always understand that	_ :			wrong
use of internet or through Wi-Fi, etc.				-
8. All actions on internet are punishab 9. I undertake that I would keep my page 1			that it is my responsib	ility to
maintain its secrecy and I assume full i				mey co
10. I also understand that if an unauth				
would have to own responsibility for accountability/responsibility. I have it				
card with photo issued by the H.P.Uni				,
Verified by		(Signature o	of the applicant with da	te)
Reporting Officer with date	and SEAL. SECTION II: Verification by	HOD (Office purpose on	lv)	
I certify that all the information pr H.P.University, Shimla Campus for				ID in the
Section III: I	ncharge CWOFN (Wi-Fi Control		airperson/Registrar (wit	:h Stamp)
User ID Assigned:	password:	Signati	ure (Tech Engg)/date	

Incharge- CWOFN