

DAV College, Sector 10, Chandigarh

WI-FI CONNECTIVITY REGISTRATION FORM (For Faculty / Staff)

Name: _____

USERID: _____ PASSWORD _____

Department: _____

Designation: _____

Permanent/Ad-hoc: _____

MAC Address of the Wireless Card: _____

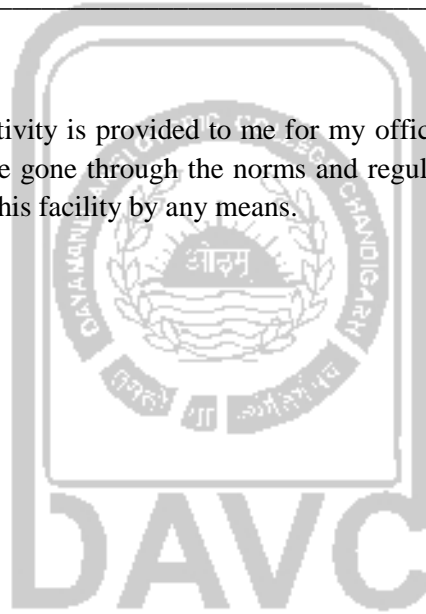
Phone/Mobile No: _____

Email ID: _____

I understand that the Wi-Fi connectivity is provided to me for my official work only. The above mentioned system solely belongs to me. I have gone through the norms and regulation of using the Wi-Fi connectivity and I abide by it. I will not misuse this facility by any means.

Signature: _____

Date: _____



Principal

For office use:

User ID: _____ Password: _____

Remarks: _____