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## Internet Access Registration Form

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### Tick One: Faculty / Staff / Student

Name of the Applicant: \_\_\_\_\_

Roll No. / Employee ID:- \_\_\_\_\_

Department/Section/Branch Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Device Mac- Address with name (Max – 02):- (1) \_\_\_\_\_ (2) \_\_\_\_\_

#### Terms and Conditions/Advisory

1. User is advised to change your password at least once in every 30 days.
2. Dept. of CSE is neither responsible nor accountable for any type of misuse of the compromised accounts. Gross misuse will lead the account to be deactivated whenever detected.
3. User is advised to immediately inform Dept. of CSE in such cases to avoid account deactivation.
4. Users are requested to install antivirus software and update them regularly.
5. Dept. of CSE does not share any user information with anyone unless authorized by the competent authority of the Institute.
6. You must take the No-Dues Certificate from Dept. of CSE office at the time of leaving the Institute.
7. The Wi-Fi enablement under the password is exclusive to you. You will be solely responsible for its use and misuse.
8. It is informed that any action or communication, spoken or in writing or by photo images done through Internet, whether by email or by Wi-Fi will be attributed to you even if it has been done using your password unauthorized or with your consent.
9. You should always understand that it would be presumed that you are aware of the legal consequences of any misuse of Internet etc.
10. I undertake that I would keep my password secret for email and/or Wi-Fi and I understand that it is my responsibility to maintain its secrecy and I assume full responsibility for the same from the moment the password is given to me.
11. I also understand that if an unauthorized person accesses the email or Internet on my password, I will be called to question and would have to own responsibility for the same. I have put my signature onto this application form to acknowledge this accountability/ responsibility.

I have read and understood the above terms and conditions.

(Signature of the applicant with date)

#### Verified by/Forwarded by

Supervisor/Faculty Advisor/Head of the Department/Section

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#### FOR OFFICE USE

Form receiving no: \_\_\_\_\_ User ID Assigned: \_\_\_\_\_ Temporary password: \_\_\_\_\_