



Dr. KALAM COMPUTING CENTRE
ANNA UNIVERSITY, MIT CAMPUS, CHENNAI - 600044
REGISTRATION FORM FOR CAMPUS WiFi FACILITY

Date _____

Staff Name & Designation		Staff ID			
Department / Centre		Intercom No			
Email ID		Mobile Number			
Device Type (Select any one device)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">Laptop</td></tr><tr><td style="padding: 2px;">Smartphone</td></tr><tr><td style="padding: 2px;">Others</td></tr></table>	Laptop	Smartphone	Others	MAC Address
Laptop					
Smartphone					
Others					
Enclosures (One of the following as appropriate) 1. Copy of Staff Identity Card 2. Appointment Order or Latest Renewal Order					
DECLARATION The device with above mentioned MAC address belongs to me and will be used by me only. I assure that the Campus WiFi facility will be used for academic, research and administrative purposes connected with the institution. I understand that the utilization of this facility will have a log file, created in the campus server and any misuse of this facility, violating Anna University policies/regulations, will result in termination of this facility and may lead to administrative or disciplinary procedures.					
Staff Signature		Head/Director/Dean Signature with Seal			
OFFICE USE ONLY					
Request No : Remarks :					
Head, KCC					