



# Institute of Advanced Studies in Education Deemed University

Gandhi Vidya Mandir, Sardarshahr - 331403

## Internet Access Form (For Faculty/Staff)

1.	Name:-	
2.	Name of Faculty/College/Department:-	
3.	Designation:-	
4.	Date of Joining:-	
5.	Mobile No.:-	
6.	Email ID:-	
7.	Laptop / Desktop / Mobile :-	
8.	Make of the Laptop / Desktop / Mobile :-	
9.	MAC address of the Wireless Card:-	
10.	Serial No. of the Laptop / Desktop / Mobile :-	

**User Name:** - .....

**Note:** - Kindly provide the following documents along with this form.

1. Photocopy of valid Institute Identity Card or any other Identity Proof.

I, \_\_\_\_\_, state that the above particulars are true and undertake to use the Internet/Wireless Connectivity for Academic and Research purposes only, and I will not tamper with the Network settings and related configuration settings of the Network either by self or any other person through my computer or room. I understand any violation in this regard is punishable under IT Act of Govt. of India.

**Signature of Applicant**

**Signature of Approval Authority**

**(Registrar/Director/HOD)**