

REQUISITION FORM TO PROVIDE USERNAME AND PASSWORD FOR INTERNET ACCESS

(For IITP employee use only)

Sr.No.	Fields	Details
1.	Full Name of User	
2.	Employee Id No./Service No.	
3.	Grade/Rank/Designation	
4.	Permanent/Temporary	
5.	Group/Division/Directorate/Section/Department	
6.	IP Address (applicable for Wired Connection User)	
7.	MAC Address of the Desktop / Laptop /Tablet / Mobile / Any other device	
8.	Mobile Number	
9.	Office Telephone Number	
10.	Official / Personnel Email Id	

I understand that Internet service (via LAN / Wi-Fi Network) in the campus is available only for academic/official purpose and I declare that I will be responsible for all network / internet related activities found against my account.

Head of the Dept.

Signature of the User

Name :-

Name:-

Date:-

Date:-

OFFICE USE ONLY

Approved / Unapproved Credentials based Internet access.

Signature

Signature

(Dr. Bhupendra Singh)
CSE, Assistant Professor

(Mr. Sagar Patil)

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY PUNE -411048.

REQUISITION FORM TO PROVIDE USERNAME AND PASSWORD FOR INTERNET ACCESS

(For IITP student / Trainee use only)

Sr. No.	Fields	Details
1.	Full Name of Student	
2.	Student MIS No.	
3.	Course Name	
4.	Department	
5.	IP Address (applicable for Wired Connection User)	
6.	MAC Address of the Desktops / Laptops /Tablet / Mobile / Any other device	
7.	Mobile Number	
8.	Official Telephone Number	
9.	Official / Personnel Email Id	

I understand that Internet service (via LAN / Wi-Fi Network) in the campus is available only for academic/official purpose and I declare that I will be responsible for all network / internet related activities found against my account.

Head of the Dept.

Signature of the User

Name :-

Name:-

Date:-

Date:-

OFFICE USE ONLY

Approved / Unapproved Credentials based Internet access.

Signature

Signature

(Dr. Bhupendra Singh)
CSE, Assistant Professor

(Mr. Sagar Patil)

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY PUNE -411048.

REQUISITION FORM TO PROVIDE USERNAME AND PASSWORD FOR INTERNET ACCESS

(For Guest use only)

Sr. No.	Fields	Details
1.	Full Name of User	
2.	Type of Identity Card and ID No.	
3.	Duration Required	
4.	Reference	
5.	MAC Address of the Desktops / Laptops / Tablet / Mobile / Any other device	
6.	Mobile Number	
7.	Official Telephone Number	
8.	Official / Personnel Email Id	

I understand that Internet service (via LAN / Wi-Fi Network) in the campus is available only for academic/official purpose and I declare that I will be responsible for all network / internet related activities found against my account.

Head of the Dept.

Signature of the User

Name :-

Name:-

Date:-

Date:-

OFFICE USE ONLY

Approved / Unapproved Credentials based Internet and LAN access.

Signature

Signature

(Dr. Bhupendra Singh)
CSE, Assistant Professor

(Mr. Sagar Patil)