



REGISTRATION FORM
[For Residential Students(Boarders)]
For Network & WI-FI Access for Hostels

1.General Information:

1. Name of the Applicant:	
2. University ID Card No.	
3. Department with semester and roll no.	
4. Contact No.	
5. Email ID	
6. Course Duration	From: _____ To: _____
7. Residential Address in University (HOSTEL) including room no.	

2. Access Device details:

1. Type of Device (Pl. Tick)	Laptop /Tablet/Mobile /Other
2. Make, Model and Serial No.	
3. MAC / Physical Address	
4. Operating System (Pl. Tick)	Windows / Linux/ Mac/Android/ other
5. Operating System Version:	

3. Declaration:

I hereby declare that the above information is true to the best of my knowledge and belief. I further declare that I accept all the terms and conditions and policies of VU WIFI and I understand that I shall be held responsible for any violation caused by my username. I shall keep my username and password secret and shall not share it with anybody.

Signature of the Applicant
 Date: _____

Forwarded by HOD _____ Hostel Superintendent _____

For Office Use Only

Internet Access Account details	Username:	Password:
IP Address assigned DHCP/Static	DHCP/ Static-	Validity:
Status of Account with Date	Opened on:	Closed on:

APPLICANT'S copy for record [VU- WIFI Internet access]

Name of Account Holder		
Internet Access Account details	Username:	Password:
SSID Allocated		
Account Valid Upto		

Documents to be submitted with this form: University ID card (self attested Xerox)
****Keep this document with you only in safe custody**

Director, Computer Centre

Verified by the Office of the PG Secretary



REGISTRATION FORM
[For Faculty/Officers/Staff/Research Scholar]
For Network & WI-FI Access from Campus

1.General Information:

1. Name of the Applicant	
2. Department	
3. Designation	
4. Contact No.	Mobile:
5. Email ID	
6. Residential Address in University (IF Staying in University Campus)	

2. Access Device details:

1. Type of Device (Pl. Tick)	Laptop /Tablet/Mobile /Other
2. Make, Model and Serial No.	
3. MAC / Physical Address	
4. Operating System (Pl. Tick)	Windows / Linux/ Mac/Android/ other
5. Operating System Version:	

3. Declaration:

I hereby declare that the above information is true to the best of my knowledge and belief. I accept all the terms and conditions and policies of VU WIFI and I understand that I shall be held responsible for any violation caused by my username/device MAC. I shall keep my username and password secret and shall not share it with anybody.

Signature of the Applicant

Date:

Forwarded by HOD

For Office Use Only

Internet Access Account details	Username:	Password:
IP Address assigned DHCP/Static	DHCP/ Static-	Validity:
Status of Account with Date	Opened on:	Closed on:

APPLICANT'S copy for record [VU- WIFI Internet access]

Name of Account Holder		
Internet Access Account details	Username:	Password:
SSID Allocated		
Account Valid Upto		

Documents to be submitted with this form: University ID card (self attested Xerox)

****Keep this document with you only in safe custody.**

Director, Computer Centre

Verified by the Establishment Section (Emp.ID)