

COLLEGE OF ENGINEERING KARUNAGAPPALLY

WIFI AUTHENTICATION FORM FOR STAFF

The user will be solely responsible for the use of the authenticated device.

NAME OF THE USER :

DESIGNATION :

DEPARTMENT :

CONTACT NO :

EMAIL ID :

TYPE OF THE DEVICE USED :

PHYSICAL ADDRESS / MAC ADDRESS
OF THE DEVICE:

1. The system administrators have the right, at their discretion, to monitor the actions and terminate any processes owned by the account holder, should it be deemed necessary.
2. By signing below, the access holder accepts responsibility for all network activity from the connected device.

Declaration of the staff

I do hereby declare that I will use the wifi facility only for academic purpose.

Date :

Signature of The Applicant

Recommendation from HOD/PRINCIPAL

FOR OFFICE USE only. USER NAME :

PASSWORD :

Date :

Signature of The Issuing Authority

*applicants are directed to make a photocopy of his/her identity card on the back side of this form.