

# Wi-Fi Connection Request Form

(Only for Staff and faculty)



Saurashtra University,  
Computer Center,  
Rajkot.  
Phone: 0281-2578501  
www.saurashtrauniversity.edu

Name :

Department :

Address :

Phone Nos. : Dept. Ext.  Dept. Phone  Mobile No.

E-Mail Add. :

## Configuration of Mobile Device:

Company Name & Model No. :

OS

Anti Virus Installed:  Yes  No Yes : Name of Software

Physical Address ( MAC Address ) :

## Terms and Condition:

1. Internet facility provided is only for ACADEMIC PURPOSE ONLY.
2. Internet facility provided is only for a single device, I use at my Office.
3. I bide to keep computer free from virus and other Trojan software which may be hazardous to computer network.
4. I understand security issues for Wi-Fi coverage & usage.
5. If my mobile device is used by other person I will be responsible for the usage.
6. I shall be responsible for the Internet usage on this mobile device.
7. I agree the rules and regulation to use the Internet.

Signature

Date

Department Head

## For use of Computer Center

No.  User ID  Password

## Note:

Please Submit this form to [formscc@sauuni.ernet.in](mailto:formscc@sauuni.ernet.in) as an attachment with a subject line "Wi-Fi Connection Form" .

Also send Signed Printed Copy of this form to "Computer Center, Saurashtra University."