TELECOMMUNICATION AND INTERNET ACCESS COMMITEE
INDIAN INSTITUTE OF SCIENCE
Bangalore

NOTE: - This form is to be filled up only by IISc temporary staff, Post Doc, RA, PA, Interns etc. who do not have IISc email but needs WIFI access in IISc.

Wireless Access Authorization Form

Name of the Applicant   :_____

ID Card No.   :_____

Department   :_____

Project Registered   :_____

Date of Registration   :_____

Project Period   :From_____To_____

Contact Details   :_____

Contact Phone No. / Mobile No.   :_____

E-Mail Id   :_____

Physical / MAC Address   :_____

Advisor's Name   :_____

Advisor's Designation   :_____

Note: To get MAC address of your laptop please follow the below link:
http://nitss.iisc.ac.in/?p=248

Follow the below link for Internet access and Network usage policy
http://nitss.iisc.ac.in/?page_id=38

I have read the Internet Access and Network usage policy and agree to abide by it. I understand that I must re-validate this account periodically, as intimated to me. This access account will be automatically terminated upon completion of my tenure at IISc.

Advisor/Chairman Signature   Applicant's Signature
    With seal

<u>FOR OFFICE USE ONLY:</u>

Account Expiry Date: ………………………………………………………………….