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
-----------------------------------------------------------------------------------------------------------
FOR OFFICE USE ONLY:

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