



Date: 30-05-2016

**Notice**

As per direction of Hon'ble Vice-Chancellor, this is for information to all Faculty members, Officers, Staff, Research Scholars, Hostel Boarders that as per approval of the authority the WI-FI Access for LAN and Internet facilities (available in 1<sup>st</sup> Phase WI-FI Zone) will be provided to all the users communities.

As per Access Policy, the WI-FI devices ( Smartphone, Laptop (Official and Personal) and any other WI-FI devices)) are to be registered for access permission. Users are requested to fill up individual form for individual WI-FI devices.

The filled in application form forwarded through the Appropriate authority is to be submitted to the Office of Computer Centre at the earliest.

Co-operation from all users are highly solicited.

Sd/-

(Sunil Ch. Mallik)

Director, Computer Centre

**Note:**

**For MAC Address of SmartPhone : Go to setting-> About Mobile-> Status-> see the MAC Address**

**For Laptop MAC-> Go to Dos Command Prompt-> type Getmac**

**Enclo.:**

1. Registration form for Faculty members, Officers, Staff, Research Scholar
2. Registration for Hostels Boarders



**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



**COMPUTER CENTRE**  
**VIDYASAGAR UNIVERSITY \*\* Midnapore – 721 102**  
**West Bengal**

**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)