COMPUTER CENTRE



VIDYASAGAR UNIVERSITY ** Midnapore – 721 102 West Bengal

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 1st 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.:

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

Phone: (03222) 276554/555/557/558

Fax No.: (03222) 275329

web: www.vidyasagar.ac.in



COMPUTER CENTRE

VIDYASAGAR UNIVERSITY ** Midnapore – 721 102 West Bengal

REGISTRATION FORM

[For Residential Students(Boarders)]

For Network & WI-FI Access for Hostels

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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:	То:
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)

Director, Computer Centre

Verified by the Office of the PG Secretary

^{**}Keep this document with you only in safe custody



COMPUTER CENTRE

VIDYASAGAR UNIVERSITY ** Midnapore – 721 102 West Bengal

REGISTRATION FORM

[For Faculty/Officers/Staff/Research Scholar]

For Network & WI-FI Access from Campus

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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)

Director, Computer Centre

Verified by the Establishment Section (Emp.ID)

^{**}Keep this document with you only in safe custody.