



Government College of Technology

Wi-Fi Connectivity-Faculty/Staff Registration Form

| <u>I. General Information</u> | | | | | |
|--|---------------------------|--|--|--|--|
| Name | | | | | |
| Designation | | | | | |
| Department | | | | | |
| Mobile Number | | | | | |
| E-mail ID | | | | | |
| <u>II. Technical Information</u> | | | | | |
| Type of Device | Desktop / Laptop / Mobile | | | | |
| Make & Model | | | | | |
| Wireless Mac Address (Laptop) | | | | | |
| Wireless Mac Address (Mobile) | | | | | |
| Operating System Installed for Laptop And Version (Ex. Window 7 (or)8, XP, Linux, Mac) | | | | | |
| User Name for Laptop | | | | | |
| User Name for Mobile | | | | | |
| Password (Same for Laptop & Mobile) | | | | | |

I hereby declare that the above information given by me is true and correct. I understand that the Wireless access is provided to me for my academic work only. I also agree that I will not share this account with any person and will take due care in protecting the same.

Signature

HOD

HOD / CSE