

# Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

## Application Format for Activation of Wi-Fi Connection

(For faculty and officers residing in Type IV and V residences)

Name of Faculty/Officer: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Qtr Type: \_\_\_\_\_ Qtr No: \_\_\_\_\_ Location: \_\_\_\_\_

Mobile/CUG No: \_\_\_\_\_ Phone No (Res): \_\_\_\_\_ (Off): \_\_\_\_\_

Details of computer, laptop, mobile etc in which Wi-Fi network will be used:

S/no	Type of equipment	Make	Wi-Fi MAC address of equipment

I undertake that:

1. Above devices will be used by me for research and academic purposes.
2. Any misuse of the connectivity through these devices will be my sole responsibility.
3. In the event of theft/loss of any device, I will immediately inform data centre for blocking the device.

Date:

(Signature of the applicant)

(Signature of HOD)

Note: Please attach copy of house allotment letter