

UNIVERSITY COLLEGE OF ENGINEERING TINDIVANAM

REGISTRATION FORM FOR Wi-Fi CONNECTIVITY

Name of the Staff :		Staff ID :	
Designation :		Department :	
Type of Device :	Laptop / Mobile	Device Model :	
MAC Address :		Residential Address	
Mobile No :			
Email ID :			

Declaration : I will use this WiFi facility for Academic purpose only and I will not share with anybody.

Signature with Date

HOD Signature with Seal

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