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**Computing & Information Services**  
 Network Operating Centre, University of Madras.  
 Taramani Campus, Chennai – 600 113. Ph : 24547006  
 e-mail : noctc@unom.ac.in

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**Declaration form for Wi-Fi Connectivity**  
**Staff Registration**

<b>1. General Information</b>		
Name :		
Staff ID No :		SEX : Male / Female
Staff Particulars :	Teaching / Non –Teaching/Guest Faculty	Temporary / permanent
Designation :		
Department/Centre/Section:		
Campus :		
Contact Details :	Intercom no: Landline No:	Mobile No:
E-mail ID :		
<b>2. Technical Information ( must specify)</b>		
Type of Device:	Laptop/palmtop/mobile/others(Specify)	
Make & Model :		Serial no:
Mac / Physical Address :		
Operating system :	Windows/Unix/Mac/Linux/others(specify)	

I hereby declare that the above Information given by me is true and correct and do not share my username and password to anyone. I accept all the terms and conditions and policies as declared by UNOM and here by take the responsibility for any violation caused by my username.

Date:

Signature of the Staff

Certified by : Head of the Department / Director Signature with Date and seal

· Enclose Xerox copy of the Staff ID-Card

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**For Office Use only**

User Name :	Password :	
IP assigned: DHCP/ Specific IP	Expiry : Never / Specific date	
Verified by System Administrator Signature with Date :		
Approved by Director-Network Signature with Date :		
Status of account with date :	Opened on:	Closed on :

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**Declaration form for Wi-Fi Connectivity**  
**Students Registration**

<b>1. General Information</b>		
Name :		
Roll No / ID No:		SEX : Male / Female
Course :		Category: Full Time/Part Time
Faculty / Guide name :		
Course Duration :	From :	To :
Campus :		
Contact :	Intercom no: Landline No:	Mobile No:
E-mail ID :		
<b>2. Technical Information ( must specify)</b>		
Type of Device :	Laptop/palmtop/mobile/others(Specify)	
Make & Model :		Serial no:
Mac / Physical Address :		
Operating system :	Windows/unix/mac/Linux/others(specify)	

I hereby declare that the above Information given by me is true and correct and do not share my username and password to anyone. I accept all the terms and conditions and policies as declared by UNOM and here by take the responsibility for any violation caused by my username.

Date : \_\_\_\_\_ Signature of the Student

Certified by : Head of the Department / Director Signature with Date and seal

Enclose Xerox copy of the Student ID-Card

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**For Office Use only**

User Name :	Password :	
IP assigned: DHCP/ Specific IP :	Expiry : Never / Specific date	
Verified by System Administrator Signature with Date :		
Approved by Director-Network Signature with Date :		
Status of account with date :		