

OSMANIA UNIVERSITY
CAMPUS NETWORK/WI-FI FACILITY
APPLICATION FOR INTERNET/WI-FI ACCESS ACCOUNT
(For Employee/Faculty only)



1. Employee ID NO :
(Enclose Xerox copy of ID card)
2. Name :
3. Name of the Department :
4. Year of Joining :
5. Contact Phone Number :
6. Email ID :
7. Permanent Address :

DECLARATION

I, Prof. / Dr. / Mr. / Ms. / _____ S/o, D/o _____
Hereby declare that I shall use my internet account allotted to me as per the existing policies of the University/Campus Network Facility, which may be changes from time to time. I shall not reveal my Login Credentials to anybody and I am solely responsible for the activities done through my internet account.

Date:
Signature of the Employee:

Signature of the HOD/Principal