

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

Application Format for Activation of Wi-Fi Connection

(Senior Residents/Students residing in MRA and Hostel areas)

Name of Resident: _____ Employee ID: _____

Course (DM/MCh/SR-HS/MD/PhD): _____ Date of admission: _____ Valid till: _____

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 applicant)

Signature of Provost

(Signature of HOD)

Note: Please attach copy of house allotment letter