

ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE - 641 046

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REGISTRATION FORM FOR Wi-Fi CONNECTIVITY (For staff use only)

Name				
Staff ID No. *				
Staff Particulars():	Teaching	Non-Teaching	Guest User	
Department/Centre		Floor(GF / I st F / II nd	F
System Information	(HP/DELL/ any other specify):	O.S: (\	Vindows/Linux)	
System Model and	Serial No. :			
MAC Address of the	e system:			
Ex: D4:AE:52:BB:5A:4	ļ1			
Phone/Mobile No				
Email ID Residential Address				
		DECLARATION		
	-	olely belongs to me. I c re my account with anybo		this facility for'
	<u>Staff</u>	<u>He</u>	ad of the Department	
Name:		Name :		
Signature:		Signature:		
Date:		Date:	Dept. Seal:	

^{*}Enclose Photocopy of the Staff ID-Card.

^{*}For Guest user, the recommending faculty member has to provide photocopy of their ID Card.