NEIGRIHMS CAMPUS WI-FI REGISTRATION FORM

Email for correspondence: ic-itcell@neigrihms.gov.in

*Please fill the details below in BLOCK LETTERS.
All fields mark with "" are mandatory.

Name:

Faculty/Staff (Tick one) *:

☐ Faculty ☐ Staff

Type of Employment (Tick one)*:

☐ Regular ☐ Contract ☐ Outsource ☐ Project Staff

Student only

Course

Batch

Department*:

E-mail ID*:

Mobile Number *:

Declaration*:

I agree to the NEIGRIHMS Campus Wi-Fi Acceptable Use Policy and User Acceptance Agreement, available on the institute website.

Signature of Applicant

Verification & Approval * (Except Faculty)

To be filled by HOD/Section In-charge:

✓ Verified and approved by

Name:

Designation:

Signature & Date :

Office Seal: