

**COMMUNICATION & INFORMATION SERVICES
SCHOOL OF INFORMATION TECHNOLOGY
Application for Net Access ID Allocation**

S.No.	Details	To be filled
1.	Name of the Applicant	Dr./Mr./Ms./
2.	Location	School/Centre / Department :
3.	Designation	_____
4.	Whether the appointment is permanent?	Yes/No If Yes, Date of Retirement : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> if No, appointment valid up to :
5.	<u>If you already have a JNU mail account</u> , please specify the user account@mail.jnu.ac.in

Date:

Signature of the Applicant
Contact Telephone No. _____

DECLARATION

I hereby declare that I agree to act in accordance with the IT policies and guidelines of Jawaharlal Nehru University. Failure to comply with these policies may result in the termination of my account. I am aware that I can have a copy of the detailed document from the Intranet (viz., http://www.jnu.ac.in/intranetchannel/ITpolicy/JNU_ITpolicy.pdf).

Date:

Signature of the Applicant

CERTIFICATE

Mr./Ms..... is a bonafide employee of the university and the information given above in Columns 1 to 4 by him/her is correct as per our records. He/she may be given Net Access ID.

Signature of A.R./D.R.(Admn.)
With Office Seal

CIS Office Use only

Net Access ID allocated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Applicant's copy

Net Access ID allocated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of account holder	
Account Valid Up to	

**Signature
on Behalf of Director, CIS**