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INTERNET ACCESS REQUEST FORM FOR STUDENTS

Student Registration Number

Program Name

Department

Internet use Justification

Personal Details

Name

Father name

Date of Birth

Nationality

Gender

Marital Status

Category

Email ID

Permanent Address

State _____

Pin Code _____

Address for Correspondence

Same as above

State _____

Pin Code _____

*Emergency Phone No.

Blood Group

The information given by me in this application is correct and true. **I will be held responsible for any kind of internet use misconduct from my user id.**

Forwarded by controlling officer/Section Head

Signature of the Student

User ID

(To be filled by Technical Cell)