



## ICT CELL

Record no:

Date:

### Application for Internet Connection

(For Teachers and Officers Only)

Name :

Designation :

Department/Office :

Building No :

PABX No. :

Mobile No. :

E-mail :

\_\_\_\_\_  
Signature

----- **Office use only** -----

|                 |  |
|-----------------|--|
| Wi-Fi User Name |  |
| Wi-Fi Password  |  |

\_\_\_\_\_  
Received by  
ICT Cell, CVASU

\_\_\_\_\_  
Director  
ICT Cell, CVASU

----- **Applicants copy** -----

|                 |  |
|-----------------|--|
| Wi-Fi User Name |  |
| Wi-Fi Password  |  |

\_\_\_\_\_  
Created by  
ICT Cell, CVASU

\_\_\_\_\_  
Director  
ICT Cell, CVASU