



Delhi University Computer Centre
University of Delhi
Delhi - 110007

DUCC form receiving no.: _____

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Wi-Fi Registration Form

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Name of the Applicant : _____

Department/Centre/Branch Name & Address: _____

Email address* : _____ Mobile* : _____

Tick One : Faculty / Student

For Students only

Name of course currently enrolled : _____

Expected date of completion : _____

For Faculty and Staff Members:

Designation : _____ (Permanent / Contractual^)

Date of retirement / completion of contract (mandatory) : _____

Terms and Conditions

1. It is advised to change your password at least once in every 60 days.
2. University of Delhi is neither responsible nor accountable for any type of misuse of the compromised accounts. Gross misuse will lead the account to be deactivated whenever detected.
3. User is advised to immediately inform DUCC in such cases to avoid account deactivation.
4. Users are requested to install antivirus software and update them regularly.
5. User's password will gets disabled when not used for 60 days and the account will be deleted after 6 months.
6. DUCC does not share any user information with anyone unless authorised by the competent authority of the University.
7. You must take the No-Dues Certificate from DUCC office at the time of leaving the University.
8. The Wi-Fi enablement under the password is exclusive to you. You will be solely responsible for its use and wrong use.
9. It is informed that any action or communication, spoken or in writing or by photo images done through internet, whether by email or by Wi-Fi will be attributed to you even if it has been done using your password unauthorizedly or with your consent.
10. You should always understand that it would be presumed that you are aware of the legal consequences of any wrong use of internet etc.
11. All actions on internet are punishable in the same manner as if done in the physical space.
12. I undertake that I would keep my password secret for email and/or Wi-Fi and I understand that it is my responsibility to maintain its secrecy and I assume full responsibility for the same from the moment the password is given to me.
13. I also understand that if an unauthorized person accesses the email or internet on my password, I will be called to question and would have to own responsibility for the same. I have put my signature onto this application form to acknowledge this accountability/responsibility.

I have read and understood the instructions. I am attaching a self-attested copy of my ID card which is valid for next 6 months at-least.

(Signature of the applicant with date)

Verified by
Supervisor/Reporting Officer
with date and SEAL

Forwarded by
Head of the department
with date and SEAL.

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FOR OFFICE USE

User ID Assigned : _____ Temporary password : _____