



MADURAI KAMARAJ UNIVERSITY

(University with Potential for Excellence)

Re-accredited by NAAC with 'A' Grade in the 3rd Cycle



Prof. Dr. V. Chinniah, M.Com., M.B.A., M.Phil., B.L., Ph.D.,
Registrar

Palkalai Nagar, Madurai – 625 021,
Tamil Nadu, India.

Ref: MKU/R/TSC-WiFi/2018

Date: 13.06.2018

To

All Chairpersons/HODs/Directors
Madurai Kamaraj University
Madurai-625021

Sir/Madam

Sub: Providing Wi-Fi - connectivity to the Faculty, Staff and Students –
submission of application-Reg.

I am, by direction, to inform you that as a part of creating world class Wi-Fi facility in Madurai Kamaraj University, it has been decided to provide Wi-Fi facility to all the Departments/Centres/Sections. In order to avail this facility, interested students / staff members are requested to register their devices. The application form is available in our website. The same may be downloaded and filled up application may be submitted to the office of The **Technology Support Centre** along with their devices (**Laptop / Palmtop**) to avail the Wi-Fi connection. You are asked to contact the Technology Support Centre, if any clarifications (Intercom No.305).

Yours faithfully

Registrar

Copy to:

1. Director, DDE
2. Controller of Examination
3. Dean
4. Special Officer (P&D)
5. Special Officer (R&P)
6. Additional Controller Examination, DDE
7. Finance officer
8. University Librarian
9. UE Civil
10. UE Electrical
11. Officers of all Sections
12. V.C's Office
13. Registrar's Section
14. PRO Section



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WI-FI CONNECTIVITY ACCESS APPLICATION FORM FOR - STAFF (LAPTOP ONLY)

1.General Information

Name of the Staff		
Employee ID No		Gender: Male/ Female
Category	Teaching/ Non- Teaching	
Designation		
Name of the School		
Department/Centre/Section		
Contact Details	Intercom No: Landline No:	Mobile No:
E- mail ID		

2.Technical Information

Details of Device	Laptop : Make & Model	
Serial No		
Mac/Physical Address		
Operating System	Windows/Unix/Mac/Linux/Others(Specify)	

I hereby declare that the above information given by me is true and correct. I accept all the terms and conditions laid down by MKU and hereby take-up the responsibility for any violation that would be caused by my username.

Date:

Signature of the Staff

DR/AR
With seal

HOD/ Chairperson/Director
with seal

* Enclose Xerox Copy of the Staff ID-Card.

For Office Use Only:

User Name :	Password :	
IP assigned: DHCP/ Specific IP	Expiry: Never / Specific Date	
Verified by Network Administrator Signature With Date		
Approved by Coordinator/Deputy Coordinator -TSC Signature with Date		
Status of Account with Date	Opened On:	Closed On:



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WI-FI CONNECTIVITY ACCESS APPLICATION FORM FOR - STUDENT (LAPTOP ONLY)

1.General Information

Name of the Student / Scholar		Roll No:	
Name of the course / Programme		Gender: Male/ Female	
Department/Schools Name			
Name of the Faculty / Guide (Research scholars only)			
Course Duration	From:	To:	
Residential	Hostel / Days Scholar		
Contact Details	Room No ,Hostel Name :(if applicable) Mobile No: E-Mail Id:		

2.Technical Information

Type of Device	Laptop : Make & Model	
Serial No		
Mac/Physical Address		
Operating System (OS)	Windows/Unix/Mac/Linux/Others(Specify)	

I hereby declare that the above information given by me is true and correct. I accept all the terms and conditions laid down by MKU and hereby take-up the responsibility for any violation that would be caused by my username.

Date:

Signature of the Student

Hostel Warden (if applicable)
with seal

HOD
with seal

Chairperson
with seal

*Enclose Xerox copy of the Student ID-Card

For Office Use Only:

User Name:	Password:
IP assigned: DHCP/ Specific IP	Expiry: Never / Specific Date
Verified by Network Administrator Signature With Date	
Approved by Coordinator/Deputy Coordinator -TSC Signature with Date	
Status of Account with Date	Opened On: Closed On: