Computer Section

SAHA INSTITUTE OF NUCLEAR PHYSICS

Internet Account (Wired/Wireless)

[For External Users/Summer Students/Under Graduate Associates]

Full Name of the Applicant (in block letters)

Designation

Visiting Division		:		
Mobile No.		:		
E-mail address		:		
LOGIN Name (first name.last name)		:		
Type of Account		:	Only Internet	
MAC address of the wireless device (In case wireless access is required)		:		
Duration		:		
* Please attach photocopy of	f offer letter		Signature of the applicant w	ith date
□□□ Authorised by:		Signature of the Head / Competent Authority with date		
Applicants may kindly note the following				
 ✓ Wireless access to mobile phone will not be provided. ✓ The System may have to be brought down at short notice because of system maintenance or other reasons. ✓ The duplicate applicant's copy of this form should be preserved for future reference. 				
[For office use only]				
WIRELESS SSID	: sinp_guests	WIRE	LESS KEY: Please obta	in PSK from Room 254
TYPE OF ACCOUNT		LOGI	N NAME	
DISK SPACE ALLOTTED				
DATE OF OPENING A/C		DATE	OF EXPIRY OF A/C	
Signature				