



II.II Staff

FORM FOR REQUISITION OF WI-FI ACCESS

Employee ID	:
Name	:
Department/Section	:
Controlling Officer	:
Employment Type	: Permanent / Contract / Daily Wage / Others
Device Type	: Laptop / Mobile / Tablet
Device Detail	:
Device MAC ID	:
Current Email address*	:
Mobile Number	:

Note

1. Please spell the names and all other information sought above correctly.
2. *This Email address should be currently used by you.
3. The filled in form should be submitted after getting duly signed from respective Head of the Department.

Date :

(Signature of the Employee)

(Signature of the Controlling Officer)