Application Form for E-Service's Clearance (Faculty & Staff)

To The Registrar Vidyasagar University

With Thnx & Regards

(Information Scientist)

Sub:- Application for the modification in the email a/c, e-services a/c, Faculty Information System, Webpage Information.

Respected Sir,

Please deactivate my email a/c. Also remove e-services and website information from the official website. All the necessary particulars are furnished below

SI.	Details	To be filled by Applicant
No		
1	Name of the Applicant	Prof. / Dr. /Mr./ Ms.
2	Location / Department	
3	Contact Information	
4	Designation	
5	Date of leaving the institution	
6	Name of the email a/c	@mail.vidyasagar.ac.in
7	Name of the e-services a/c	(Will be removed from the present system)
8	Website Information	(Will be removed from the website)

Signature of Registrar	Signature of Applicant
E-Service 's Clearance Certificate Applicants' Copy	
Dear Sir/Madam	
On the basis of the application received from on Dated , with duly approved by registrar your following deactivated .	g e-services information will
• Email a/c (from/) -	
• E-services a/c (from//) -	
• Faculty Information System a/c (from/) -	
Webpage Information (if any)	



Central Library , Vidyasagar University Midnapore - 721102

Declaration Form for Network / Wi-Fi Connectivity Student Registration Form

1. General Information		Student Regis	Stration Form			
Library Card No PS	1. General Informati	on				
Course Duration	Name					
Course Duration	(IN BLOCK LETTER)			1		
Course Duration		PS				
Course Duration From(mm)/(yyyy) To(mm)/(yyyy) Department Date of Birth Contact No Email ID 2. Technical Information (Must Specify) Type of Device Laptop/Tablet/Mobile/Others(Specify) Make & Model Serial No - MAC/ Physical Address Operating System (With Version e.g Windows / Linux / Mac/ Android /etc Version e.g Windows 7/8) I hereby declare that the above Information given by me is true and correct and do not share my username and password to anyone. I accept all the terms and conditions and policies as declared by CDRS and here by take the responsibility for any violation caused by my username. Signature Seal of the HOD Signature of the Student Date: Certified by: Head of the Department / Cooordinator For Office Use Only Net Access Account Details Username - Password - IP assigned: DHCP/ Specific IP: - DHCP Expiry: Never / Specific date 30.06.201 Status of account with date: Opened on: Closed on: Applicant's Receipt Net Access Account Details Username - Password -	Library Card No			Sex – Male / Female		
Date of Birth Contact No Email ID 2. Technical Information (Must Specify) Type of Device		(At the reverse of the Card	, eg. PSANMA140001)			
Contact No Email ID 2. Technical Information (Must Specify) Type of Device Laptop/Tablet/Mobile/Others(Specify) Make & Model Serial No - MAC/ Physical Address Operating System (With Version e.g. Windows 7/8) Windows / Linux / Mac/ Android /etc I hereby declare that the above Information given by me is true and correct and do not share my username and password to anyone. I accept all the terms and conditions and policies as declared by CDRS and here by take the responsibility for any violation caused by my username. Signature Seal of the HOD Signature of the Student Date : Certified by : Head of the Department / Cooordinator For Office Use Only Password - IP assigned: DHCP/ Specific IP : - DHCP Expiry : Never / Specific date 30.06.201 Status of account with date : Opened on: Closed on : Applicant's Receipt Net Access Account Details Username - Password -	Course Duration	From(mm)/	(yyyy)	To(mm)/(yyyy)		
### Company of Control of the Superify of Device Laptop/Tablet/Mobile/Others(Specify) ### Serial No - Serial No - ### MAC/ Physical Address Operating System (With Version e.g Windows 7/8) ### I hereby declare that the above Information given by me is true and correct and do not share my username and password to anyone. I accept all the terms and conditions and policies as declared by CDRS and here by take the responsibility for any violation caused by my username. #### Signature	Department			Date of Birth		
2. Technical Information (Must Specify) Type of Device	Contact No					
2. Technical Information (Must Specify) Type of Device	Email ID					
Type of Device	=	ation (Must Specify)				
Make & Model MAC/ Physical Address Operating System (With Version e.g Windows 7/8) I hereby declare that the above Information given by me is true and correct and do not share my username and password to anyone. I accept all the terms and conditions and policies as declared by CDRS and here by take the responsibility for any violation caused by my username. Signature Seal of the HOD Signature of the Student Date: Certified by: Head of the Department / Cooordinator For Office Use Only Net Access Account Details Username - Password - IP assigned: DHCP/ Specific IP: - DHCP Expiry: Never / Specific date 30.06.201 Status of account with date: Opened on: Closed on: Applicant's Receipt Net Access Account Details Username - Password -			thers(Specify)			
Operating System (With Version e.g Windows 7/8) I hereby declare that the above Information given by me is true and correct and do not share my username and password to anyone. I accept all the terms and conditions and policies as declared by CDRS and here by take the responsibility for any violation caused by my username. Signature Seal of the HOD Date: Certified by: Head of the Department / Cooordinator For Office Use Only Net Access Account Details Username - Password - IP assigned: DHCP/ Specific IP: - DHCP Expiry: Never / Specific date 30.06.201 Status of account with date: Opened on: Closed on: Applicant's Receipt Net Access Account Details Username - Password -		zaptopi rabiotitiosiloi e	, and of opposity)	Serial No -		
Operating System (With Version e.g Windows 7/8) I hereby declare that the above Information given by me is true and correct and do not share my username and password to anyone. I accept all the terms and conditions and policies as declared by CDRS and here by take the responsibility for any violation caused by my username. Seal of the HOD Signature of the Student Date: Certified by: Head of the Department / Cooordinator For Office Use Only Net Access Account Details Username - Password - IP assigned: DHCP/ Specific IP: - DHCP Expiry: Never / Specific date 30.06.201 Status of account with date: Opened on: Closed on: Applicant's Receipt Net Access Account Details Username - Password -				Cenari 140		
Version e.g Windows 7/8 Viridows / Elriux / Mac/ Anticloid / etc						
I hereby declare that the above Information given by me is true and correct and do not share my username and password to anyone. I accept all the terms and conditions and policies as declared by CDRS and here by take the responsibility for any violation caused by my username. Signature Seal of the HOD Date: Certified by: Head of the Department / Cooordinator For Office Use Only Net Access Account Details Username - Password - IP assigned: DHCP/ Specific IP: - DHCP Status of account with date: Opened on: Closed on: Applicant's Receipt Net Access Account Details Username - Password -		Windows / Linux / Ma	ac/ Android /etc			
Net Access Account Details Username - Password - IP assigned: DHCP/ Specific IP : - DHCP Expiry : Never / Specific date 30.06.201 Status of account with date : Opened on: Closed on : Applicant's Receipt Password -	username and password to CDRS and here by take the r Signature Date	anyone. I accept all the responsibility for any viol Seal of the HOD	e terms and condition caused by my Signate Date:	ions and policies as declared by username.		
IP assigned: DHCP/ Specific IP : - DHCP	For Office Use Only					
Status of account with date : Opened on: Closed on : Applicant's Receipt Net Access Account Details Username - Password -	Net Access Account Detail	s Username -		Password -		
Status of account with date : Opened on: Closed on : Applicant's Receipt Net Access Account Details Username - Password -	IP assigned: DHCP/ Speci	fic IP : - DHCP	Expiry : Never / :	Specific date 30.06.201		
Applicant's Receipt Net Access Account Details						
	Applicant's Receipt					
SSID Allocated VU_WLAN_Student	Net Access Account Detail	s Username -	F	Password -		
	SSID Allocated	VU_WLAN_S	tudent			

Net Access Account Details	Username -	Password -
SSID Allocated	VU_WLAN_Student	
Name of Account Holder		
Account Valid Upto	30.06.201	

the **Self Attested Photo copy** of the following documents:

Signature of I/C (CDRS)

• University Identity Card

New Applicants need to submit

- Library Card (If separately issued)
- Always bring your Identity-cum-Library / Library Card for any kind of reference.
- Users must have to bring this Applicant's Copy for any type of further reference.



Central Library , Vidyasagar University Midnapore - 721102

Declaration Form for Network / Wi-Fi Connectivity Scholar Registration Form

		Scholar Neg			
1. General Informati	on				
Name (IN BLOCK LETTER)					
Library Card No			- — — rd , eg. RSANMA120001	Sex – Male / Female	
Course Duration		(mm)/		To(mm)/(yyyy)	
Guide Name					
Department				Date of Birth	
Contact	Land	No		Mobile No	
Email ID					
2. Technical Informa					
Type of Device	Laptop	o/Tablet/Mobile/	Others(Specify)		
Make & Model				Serial No -	
MAC/ Physical Address					
Operating System (With Version e.g Windows 7/8)	Windo	ows / Linux / M	lac/ Android /etc		
declared by CDRS and here by take the responsibility for any violation caused by my username.					
Signature		Seal of the	ee		
Signature		Seal of the		 cure of the Scholar	
Signature Date				cure of the Scholar	
Date Certified by : Head of the	·	нор tment / Cooor	Signat Date : dinator	cure of the Scholar	
Date Certified by : Head of the		нор tment / Cooor	Signat Date : dinator	cure of the Scholar	
Date Certified by : Head of the For Office Use Only Net Access Account Detail	s	tment / Cooor	Signat Date : dinator	cure of the Scholar Password -	
Date Certified by : Head of the For Office Use Only Net Access Account Detail IP assigned: DHCP/ Speci	s ific IP :	tment / Cooor Username DHCP	Signat Date : dinator Expiry : Never /	Password - Specific date 30.06.201	
Date Certified by : Head of the For Office Use Only Net Access Account Detail	s ific IP :	tment / Cooor Username DHCP	Signat Date : dinator Expiry : Never /	Password - Specific date 30.06.201	
Certified by : Head of the For Office Use Only Net Access Account Detail IP assigned: DHCP/ Spec Status of account with data	s ific IP :	tment / Cooor Username DHCP	Signat Date : dinator Expiry : Never /	Password - Specific date 30.06.201	
Date Certified by : Head of the For Office Use Only Net Access Account Detail IP assigned: DHCP/ Speci	s iffic IP :	tment / Cooor Username DHCP Opened on:	Signat Date : dinator Expiry : Never /	Password - Specific date 30.06.201 Closed on :	
Certified by : Head of the For Office Use Only Net Access Account Detail IP assigned: DHCP/ Speci Status of account with date Applicant's Copy Net Access Account Detail	s iffic IP :	tment / Cooor Username DHCP Opened on:	Signat Date:	Password - Specific date 30.06.201	
Pate Certified by : Head of the For Office Use Only Net Access Account Detail IP assigned: DHCP/ Spec Status of account with date Applicant's Copy	s iffic IP :	tment / Cooor Username DHCP Opened on:	Signat Date:	Password - Specific date 30.06.201 Closed on :	
Certified by : Head of the For Office Use Only Net Access Account Detail IP assigned: DHCP/ Spec Status of account with date Applicant's Copy Net Access Account Detail SSID Allocated Name of Account Holder	s Ific IP : e :	tment / Cooor Username DHCP Opened on: sername -	Signat Date:	Password - Specific date 30.06.201 Closed on :	
Portified by: Head of the Certified by: Head of the For Office Use Only Net Access Account Detail IP assigned: DHCP/ Spect Status of account with date Applicant's Copy Net Access Account Detail SSID Allocated	s Ific IP : e :	tment / Cooor Username DHCP Opened on:	Signat Date:	Password - Specific date 30.06.201 Closed on :	

Signature of I/C (CDRS)

New Applicants need to submit the **Self Attested Xerox copy** of the following documents:

- University Identity Card and
- Library Card

- Always bring your Library Card for any kind of reference.
- Users must have to bring this Applicant's Copy for any type of further reference.



Central Library , Vidyasagar University Midnapore - 721102

Declaration Form for Network / Wi-Fi / E-Services Faculty/Staff Registration Form

1. General In	formation		
Name			
(IN BLOCK LETTER)			
Library Card No	(At the reverse of the Card , eg. FCANMA120	001)	Sex – Male / Female
Type of Appointment	Permanent Temporary	Va	llid Upto
Designation			
Department			Date of Birth
Contact	Land No		Mobile No
Email ID			
2. Technical Informa	ation (Must Specify For Wi-Fi Acc	ess)	
Type of Device	Laptop/Tablet/Mobile/Others(Specify)		
Make & Model			Serial No -
MAC/ Physical Address			
Operating System (With Version e.g Windows 7)	Windows / Linux / Mac/ Android /et	ic	
3. Other e-services			
Email A/c (Please give your Preference)	1.	2.	
Faculty Information system	Please put tick (if you want to avail thi	is facil	ity) YES NO
Ecircular System	Please put tick (if you want to avail thi	is facil	ity) YES NO
Alert System (SMS / Email)	Please put tick (if you want to avail thi	is facil	ity) YES NO
CD/DVD Mirror Server	Please put tick (if you want to avail thi	is facil	ity) YES NO
Institutional Repository	Please put tick (if you want to avail thi	is facil	ity) YES NO
Remote Access	Please put tick (if you want to avail thi	is facil	ity) YES NO

For Research Scholar Only

I hereby declare that the above Information given by me is true and correct and do not share my username and password to anyone. I accept all the terms and conditions and policies as declared by CDRS and here by take the responsibility for any violation caused by my username.

Date

Signature of the Faculty /Staff
(Please submit Office order / Joining report Along with Form)
(Please forward the form through HOD in case of Staff)

For Office Use Only

Account Details	Username -	Password -
IP assigned: DHCP/ Specific IP:		Expiry: Never / Specific date 30.06.201
Status of account with date :	Opened on:	Closed on :

Applicant's Copy

Account Details	Username -	P	Password -
SSID Allocated	VU_WLAN_Staff	VU_WLAN_So	cholar
Name of Account Holder			
Account Valid Upto	30.06.201		

Signature of I/C (CDRS)



Central Library , Vidyasagar University Midnapore - 721102

Declaration Form for Network / Wi-Fi / E-Services **Scholar Registration Form**

1. General In	formation	
Name		
(IN BLOCK LETTER)		1
Library Card No	(At the reverse of the Card , eg. FCANMA120001)	Sex – Male / Female
Faculty / Guide Name#		
Type of Appointment	Permanent Temporary V	alid Upto
Designation		
Course Duration#	From	То
Department		Date of Birth
Contact	Land No	Mobile No
Email ID		
2. Technical Information	ation (Must Specify For Wi-Fi Access	
Type of Device	Laptop/Tablet/Mobile/Others(Specify)	
Make & Model		Serial No -
MAC/ Physical Address		
Operating System (With Version e.g Windows 7)	Windows / Linux / Mac/ Android /etc	
Other e-services		
Email A/c (Please give your Preference)	1. 2.	
Faculty Information system	Please put tick (if you want to avail this fac	ility) YES NO
Ecircular System	Please put tick (if you want to avail this fac	ility) YES NO
Alert System (SMS / Email)	Please put tick (if you want to avail this fac	ility) YES NO
CD/DVD Mirror Server	Please put tick (if you want to avail this fac	ility) YES NO
Institutional Repository	Please put tick (if you want to avail this fac	ility) YES NO
Remote Access	Please put tick (if you want to avail this fac	ility) YES NO

For Research Scholar Only

I hereby declare that the above Information given by me is true and correct and do not share my username and password to anyone. I accept all the terms and conditions and policies as declared by CDRS and here by take the responsibility for any violation caused by my username.

Date

Signature of the Faculty /Staff / Scholar (Please submit Office order / Joining report Along with Form)

For Office Use Only

1 of office coc offig			
Account Details	Username -	Password -	
IP assigned: DHCP/ Specific IP :		Expiry : Never / Specific date 30.06.201	
Status of account with date :	Opened on:	Closed on :	

Applicant's Copy

Applicant c copy			
Account Details	Username -	Password -	
SSID Allocated	VU_WLAN_Staff	VU_WLAN_Scholar	
Name of Account Holder			
Account Valid Upto	30.06.201		·

Signature of I/C (CDRS)