

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

To
The Registrar
Vidyasagar University

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

Sl. No	Details	To be filled by Applicant
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 e-services information will
be deactivated .

- Email a/c (from ___/___/___) -
- E-services a/c (from ___/___/___) -
- Faculty Information System a/c (from ___/___/___) -
- Webpage Information (if any)

With Thnx & Regards

(Information Scientist)



Centre for Digital Resource Services

Central Library , Vidyasagar University
Midnapore - 721102

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

1. General Information		
Name (IN BLOCK LETTER)		
Library Card No	PS _____ (At the reverse of the Card , eg. PSANMA140001)	Sex – Male / Female
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 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

Date :

Certified by : Head of the Department / Coordinator

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 -
SSID Allocated	VU_WLAN_Student	
Name of Account Holder		
Account Valid Upto	30.06.201	

Signature of I/C (CDRS)

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

- University Identity Card
- 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.



Centre for Digital Resource Services

Central Library , Vidyasagar University
Midnapore - 721102

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

1. General Information		
Name (IN BLOCK LETTER)		
Library Card No	RS _____ (At the reverse of the Card , eg. RSANMA120001)	Sex – Male / Female
Course Duration	From ___(mm)/_____(yyyy)	To ___(mm)/_____(yyyy)
Guide Name		
Department		Date of Birth
Contact	Land No	Mobile 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 Scholar

Date

Date :

Certified by : Head of the Department / Coordinator

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 Copy

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

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.



Centre for Digital Resource Services

Central Library , Vidyasagar University
Midnapore - 721102

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

1. General Information			
Name (IN BLOCK LETTER)			
Library Card No	(At the reverse of the Card , eg. FCANMA120001)		Sex – Male / Female
Type of Appointment	Permanent	Temporary	Valid Upto
Designation			
Department			Date of Birth
Contact	Land No	Mobile No	
Email ID			
2. Technical Information (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		
3. Other e-services			
Email A/c (Please give your Preference)	1.	2.	
Faculty Information system	Please put tick (if you want to avail this facility)	YES	NO
Eircular System	Please put tick (if you want to avail this facility)	YES	NO
Alert System (SMS / Email)	Please put tick (if you want to avail this facility)	YES	NO
CD/DVD Mirror Server	Please put tick (if you want to avail this facility)	YES	NO
Institutional Repository	Please put tick (if you want to avail this facility)	YES	NO
Remote Access	Please put tick (if you want to avail this facility)	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 -	Password -
SSID Allocated	VU_WLAN_Staff	VU_WLAN_Scholar
Name of Account Holder		
Account Valid Upto	30.06.201	

Signature of I/C (CDRS)



Centre for Digital Resource Services

Central Library , Vidyasagar University
Midnapore - 721102

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

1. General Information			
Name (IN BLOCK LETTER)			
Library Card No	(At the reverse of the Card , eg. FCANMA120001)		Sex – Male / Female
Faculty / Guide Name#			
Type of Appointment	Permanent	Temporary	Valid Upto
Designation			
Course Duration#	From		To
Department			Date of Birth
Contact	Land No	Mobile No	
Email ID			
2. Technical Information (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		
3. Other e-services			
Email A/c (Please give your Preference)	1.	2.	
Faculty Information system	Please put tick (if you want to avail this facility)	YES	NO
Ecircular System	Please put tick (if you want to avail this facility)	YES	NO
Alert System (SMS / Email)	Please put tick (if you want to avail this facility)	YES	NO
CD/DVD Mirror Server	Please put tick (if you want to avail this facility)	YES	NO
Institutional Repository	Please put tick (if you want to avail this facility)	YES	NO
Remote Access	Please put tick (if you want to avail this facility)	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

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 -	Password -
SSID Allocated	VU_WLAN_Staff	VU_WLAN_Scholar
Name of Account Holder		
Account Valid Upto	30.06.201	

Signature of I/C (CDRS)