Sher-e-Kashmir University of Agricultural Sciences and Technology of Jammu
National Knowledge Network & Data Centre
Main Campus Chatha-180009

Requisition form for Internet Connectivity

Application No. (*for office use*): _____

Date:_____

1. Name of User :_____
2. Address:_____
3. Division/Department :_____
4. Designation:_____
5. Contact no.:_____
6. E-mail:_____
7. Mac/Physical Address of Node: _____
8. Make and Model of Node:_____
9. IP Address Allotted(*for office use*): _____

Declaration:

It is certify that the above mentioned information given by me is correct. I hereby undertake that I am solely responsible for all the browsing activities via the allotted IP. In the event of my transfer to other divisions/department, I will inform the same to the NKN & Data Centre Lab.

Signature of User

Attested by Head of Department

Signature of Nodal Officer