



**Government Medical College and Hospital
Information Technology Centre
Sector – 32, Chandigarh**

INTERNET/IP ACCESS REGISTRATION FORM

Dispatch No. Date.....
User Name: Designation:
Department: Branch:
Contact No.: Employee Code.....
Room No.: Floor:
E-mail Address:
Address:
.....

Declaration:

I hereby declare that the information provided is correct. The Requirement is the creation of user id for the uses of internet facility. I assure you that this user id will be used by me only and it is my responsibility to keep it secret from another user. I will surrender the user id when not required and inform the same to the HOD IT/ System Analyst.

Signature of Applicant (Signature)

For office use only

IP Address:
MAC Address: Gateway Address:

Signature of Network Administrator

Signature of System Analyst