**Form for New Account Creation for Internet Access**

|  |  |
| --- | --- |
| Name:(**In Capital Letter**) |  |
| Employee Type(For officer/Staff) |  |
|

|  |
| --- |
| Program (for students): |

 |  |
|

|  |
| --- |
| Designation (for faculty/staff/Student): |

 |  |
| Department/Division (for Faculty/staff/Student): |  |
|

|  |
| --- |
| Mobile No. |

 |  |
|

|  |
| --- |
| E-Mail Address:(**In Capital Letter**)  |

 |  |

I have read and understood the IT Policy of AIIA, New Delhi, Information Technology act 2000, 2008 and other GOI rules. I am abiding by the all above rules and regulations.

**Signature of the User Signature Reporting officer**

**Date Date**

The above named person is approved to have an official computer account in the Institute, valid till: **(*expiry date*).**

(Sign of *Authorized signatory/HOD*)

Name:

***For official use only*)**

Login-Name given: Initial Password given:

Created by Sign and Date:

**Signature I/C IT**