MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY, BHOPAL 462003 (M.P.) INDIA

Application Form for Workstation Access

Particulars of Applicants: (Fill the details in CAPITAL LETTERS)

Full Name: ……....
Scholar ID/Emp ID: ……
Department: ……..……...

Designation: **(Faculty /Student /Contractual) [✓]**

Contact No:.....…… MANIT Email Id:…… (Use Personal if Institute Email is not available)

Research Topic: ……..……..

……..

Application(s) to be run: ……..

NOTE: Workstation account will remain active for 6 months only, you may renew it accordingly.

Declaration by Applicant:

I hereby declare that I shall confirm the usage policies of the Workstation and acknowledge that failure to adhere to these policies shall result in the termination of my account.

Name of Applicant:

Signature of Applicant:

Date:

Declaration by Faculty or HOD:

I recognize the applicant as a member of my group and recommend his/her application for a Workstation account.

Name of HOD/Faculty/Guide:

Signature of HOD/Faculty/Guide:

Date :

---------- [OFFICE USE ONLY] ----------

ID Created By:

Name :

Signature :

Date :