



Selvam College of Technology

Affiliated to Anna University - Chennai, Approved by AICTE - New Delhi, UGC Recognized 2(f) Status, An ISO 9001:2008 Certified Institution

Salem Road(NH-7), Namakkal - 637003. Tamilnadu. web: www.selvamtech.edu.in

Mobile: +91 9942099122, 9942099109

Infrastructure Development Cell

Wi-Fi Application Form - For Students

Name of the Student : _____
Roll Number : _____
Department : _____
Year : _____
Permanent Address : _____

Phone No : _____
E-Mail Id : _____

* ID Card Xerox must.

Signature of the Student

Accommodation and Device Details

Hostel:

(tick the right one)

☐ Gents Hostel - 1(Old) ☐ Gents Hostel - 2(New) ☐ Women's Hostel ☐ Days Scholar

Device Details ☐ Laptop

Device MAC Address :
(each box carry 2 digits)

--	--	--	--	--	--

I _____ hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I agree to use this facility under college rules and regulations.

Class Advisor Signature

Hostel Warden Signature
(for hostel students only)

HoD Signature

For Office Use

Device Model :

IP Address Assigned :

--	--	--	--

Service Activated from :

IT Manager Signature



Selvam College of Technology

Affiliated to Anna University - Chennai, Approved by AICTE - New Delhi, UGC Recognized 2(f) Status, An ISO 9001:2008 Certified Institution

Salem Road(NH-7), Namakkal - 637003. Tamilnadu. web: www.selvamtech.edu.in

Mobile: +91 9942099122, 9942099109

Infrastructure Development Cell

Wi-Fi Application Form - For Staff

Name of the Staff : _____

Department : _____

Designation : _____

Teaching / Non Teaching : _____

Permanent Address

Phone No : _____

E-Mail Id : _____

*** ID Card Xerox must.**

Device Details

(tick the right one)

☐ Laptop ☐ Ipad / Tab ☐ Mobile

Device MAC Address :

(each box carry 2 digits)

--	--	--	--	--	--

I _____ hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I agree to use this facility under college rules and regulations.

Staff Signature

HoD Signature

Principal Signature

For IDC Use

Device Model :

IP Address Assigned :

--	--	--	--

Service Activated from :

IT Manager Signature