



AVINASHILINGAM UNIVERSITY FOR WOMEN

(Established under section 3 of the UGC Act 1956 vide Notification No. F-9-20/84-U.3 dated 8th June 1988 of the Government of India)

COIMBATORE - 641 043, TAMIL NADU

Dr. (Mrs.) Gowri Ramakrishnan

M.Sc., M.Phil., Ph.D.

Registrar

Date: 25.03.2010

To

All Deans/Directors/HODs
Avinashilingam University for Women,
Coimbatore – 641 043.

Sir/Madam,

Sub:– Computer Centre -Providing of WiFi- connectivity to staff and students –
Submission of application – Reg.

I am by direction to inform that as a part of creating international facility in Avinashilingam University for Women Coimbatore, it has been decided to provide Wi-Fi facility to all the Departments/Centers/Sections. In this regard, I am happy to inform you that the work connected with the Wi-Fi connectivity is completed.

In order to avail this facility, interested students/staff members are requested to register their devices. The specimen of the application form is available at our website. The same may be downloaded and filled up application may be submitted to the Computing Centre, Avinashilingam University for Women Coimbatore, along with their devices (Laptop/Desktop etc.). In this regard for any clarification you may contact Computer Centre, Intercom No.250.

Yours sincerely

Gowri Ramakrishnan
25.3.10

REGISTRAR

**AVINASHILINGAM DEEMED UNIVERSITY FOR WOMEN
COMPUTER CENTRE, COIMBATORE-43.**

Declaration form for Wi-Fi connectivity

Staff Registration

i) Staff Information

Name	
Category	Teaching/ Non Teaching
Mode of appointment	Permanent/ Temporary
Designation	
Department/ Section	
Contact No.	
Email Id.	

ii) Technical Information

Type of Device	Laptop/ Desktop, Personal/ Official
Make of Device	
Wireless Ethernet card	Available/ Not available
MAC Address	
Operating system	
Antivirus	Available/ Not available * if available mention date of updation

I hereby declare that the above information given by me is true and correct

Date

Head of the department

signature of the staff

Computer Centre use

User name	
Password	
IP assigned	

**AVINASHILINGAM DEEMED UNIVERSITY FOR WOMEN
COMPUTER CENTRE, COIMBATORE-43.**

Declaration form for Wi-Fi connectivity

Student Registration

i) General Information

Date:

Name	
Roll Number	
Course of study	
Branch	
Category	Full time/ Part time
Course duration	From To
Email Id	
Residence	Hostler/ Day scholar

ii) Technical Information

Type of Device	Laptop/ Desktop, Personal/Official
Make of Device	
Wireless Ethernet card	Available/ Not available
MAC Address	
Operating system	
Antivirus	Available/ Not available (if available mention date of updation)

I hereby declare that the above information given by me is true and correct

Signature of the student Head of the department Director Hall of residence*
(*applicable for hostelers)
Computer Centre use

User name	
Password	
IP assigned	