TELECOMMUNICATION AND INTERNET ACCESS COMMITEE
INDIAN INSTITUTE OF SCIENCE
VPN ACCESS FORM

Name of the Applicant :_____

IISc ID Card No & Expiry Date :_____

Department :_____

Designation :_____

Date of Joining/Registration :_____

IISc Email ID (Apply if and only if you have a IISc Email ID) :_____

Residence address from which VPN will be accessed :_____

Reasons for VPN Access :_____

I understand that VPN access is provided to me for my academic work only. I also agree that I will not share this account with any person and will take due care in protecting it.

Advisor's/Reporting Officer's Name :_____

Advisor's/Reporting Officer's Designation:_____

Advisor's/Reporting Officer's Signature & Seal **Applicant's Signature**

Once filled and signed submit, this form at DIGITS in person with IISc ID Card or a scanned copy must be sent to networksupport@iisc.ac.in with CC to the Advisor/Reporting Officer.

FOR OFFICE USE ONLY:

Account Expiry Date: …….