

**TELECOMMUNICATION AND INTERNET ACCESS COMMITTEE
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 SERC-G10 in person with IISc ID Card

FOR OFFICE USE ONLY:

Account Expiry Date: