



Indian Institute of Technology (BHU), Varanasi



INTERNET CREDENTIAL FORM

Name							
Father's Name							
Address							
Roll No/Enrollment No./Application No.							
Aadhaar No.							
Department/Branch							
E-mail ID				Alternate e-mail ID			
Mobile No.							
Category	B.Tech	B.Arch.	IDD	M.Sc.	M.Tech.	M.Pharm.	Ph.D.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (tick \checkmark only)

I _____ do hereby declare that all the information provided by me is true to the best of my knowledge. Any misuse of the internet credential shall be my own responsibility and violation of Institute regulation (CAIT) could result in administrative or disciplinary action by the Institute. I have already read the agreement provided on the institute website to access the IIT-BHU network.

Date: ____/____/____

Place: _____

Applicant's Signature

Forwarded by
Head of the Department/
Coordinator of the Schools

To,
The Chairman,
Network & Infrastructure Committee
IIT(BHU), Varanasi

Note: Fresher's fill this form and submit in the office of the Department/School concerned.