## FTK-Centre for Information Technology Jamia Millia Islamia, New Delhi-25

## **PROFORMA** for opening the Cyberoam account

| Name                                     |                                                 |                      |
|------------------------------------------|-------------------------------------------------|----------------------|
|                                          |                                                 | DACTE VOLID          |
| Applicant's category:   Student          |                                                 | PASTE YOUR<br>RECENT |
| • •                                      |                                                 | SELF-                |
| • •                                      |                                                 | ATTESTED PHOTOGRAPH  |
| •                                        |                                                 | THOTOGRAFII          |
| •                                        | Card valid up to                                |                      |
| IP Address                               | Mac Address (In case of Laptop)                 |                      |
|                                          | E-mail ID                                       |                      |
| Local Address                            |                                                 |                      |
|                                          |                                                 |                      |
|                                          | , I am a student /Employee of Jamia Mill        |                      |
| hereby undertake that I will use the     | ne Cyberoam Account for official/ Academ        | ic purpose only.     |
| Note: In case of inappropriate use of Cy | yberoam account it may be closed without any in | formation.           |
|                                          |                                                 |                      |
|                                          |                                                 |                      |
|                                          | Signature o                                     | of the Applicant     |
| Date                                     |                                                 |                      |
| Note: All fields are compulsory          |                                                 |                      |
| Account may be close if case of unh      | ealthy use                                      |                      |
| Forwarded By                             |                                                 |                      |
|                                          |                                                 |                      |
| Head of the Dept. / Director             |                                                 |                      |
| (Signature with Office Seal)             |                                                 |                      |
|                                          | FOR CIT USE ONLY                                |                      |
| Signature                                | Permitted  Not Permitted                        |                      |
| (Hony. Director CIT)                     |                                                 |                      |
| Registration No.                         | Wi-Fi ID if any                                 |                      |
| Login Name                               | Password                                        |                      |