

KUVEMPU



UNIVERSITY

UNIVERSITY CENTRAL COMPUTING FACILITY AND IT CELL

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WI-FI REGISTRATION FORM

Name	:	
Department	:	
Student ID / Employee ID	:	
Aadhar Number	:	
Mobile Number	:	
E-Mail ID	:	

Date:

Signature of Applicant

Signature of the Head of the Department with seal

DIRECTOR
U.C.C.F & IT CELL