

National Council of Educational Research and Training
Computer Centre, IT Division

Registration form for Internet

Form No.: _____

Employee Category : Regular [] Contractual [] Project []

Name(In Block) : _____

Employee No*(for regular staff) : _____

Department/Centre/Division/Branch Name : _____

Ext No: _____ Email * : _____ Mobile* : _____

Designation : _____

Category (Academic / Non Academic) : _____

Date of retirement / contract end date (mandatory)* : _____

Terms and Conditions

1. All the users are abide to NCERT IT usage policy.
2. Password secrecy is user responsibility and NCERT is neither responsible nor accountable for any type of misuse of the compromised accounts. Gross misuse will lead the account to be deactivated and attract fine whenever detected.
3. User is advised to immediately inform Sr. System Analyst, NCERT in such cases to avoid account deactivation.
4. Users are requested to install antivirus software and update them regularly in their gadgets.
5. User's password will get disabled when not in use for 60 days and the account will be deleted after 6 months.
6. NCERT does not share any user information with anyone unless authorised by the competent authority of the Council.
7. User must take the No-Dues Certificate from Sr. System Analyst office at the time of relieving from the duties of the Council (in case of transfer/retirement also).
8. The Wi-Fi enablement under the password is exclusive to an applicant only. User will be solely responsible for its use and misuse.
9. It is informed that any action or communication (spoken/written/by photo images/video etc) done through internet, will be attributed to you even if it has been done using user devices/login unauthorized or with user consent.
10. User should always understand that it would be presumed that you are aware of the legal consequences of any wrong use of internet etc.

Declaration

1. I undertake that I would keep my password secret and I understand that it is my responsibility to maintain its secrecy and I assume full responsibility for the same from the moment the password is given to me.
2. I also understand that if an unauthorized person accesses the email or internet on my password, I will be called to question and would have to own responsibility for the same. I have put my signature onto this application form to acknowledge this accountability/responsibility. I have read and understood the instructions and abide by the terms and conditions mentioned above.

(Signature of the applicant with date)

Verified and Forwarded by

Supervisor/Reporting Officer/PI/ Head of the Department
with date and SEAL.

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FOR OFFICE USE

User ID Assigned: _____ Password : _____

Created by (Name with Signature)
Date: