MAC Address Registration Proforma

DIRECTORATE OF IT

University of Swat

INTERNET WIFI ACCESS

MAC ADDRESS REGISTRATION PROFORMA

Name: _____

Father's Name: _____

Contact No: _____

C.N.I.C No. | | | | | | – | | | | | | | | | – | |

Email Address: _____

(NOTE: *Please provide an active email address.)*

Department/Institute/Centre/College: _____

Designation *(for faculty & Staff only)*: _____

MAC Address(s) *(required)*: 1. _____ 2. _____

Device: ☐ Laptop ☐ Mobile *(for faculty only)*

Applicant Signature: _____

.....

Program Coordinator: _____

Head of Department: _____
(Signature with Stamp)

Director IT: _____