



अखिल भारतीय आयुर्विज्ञान संस्थान, पटना
ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA
IT DEPARTMENT

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health Family Welfare)



Ref. no. -

date:

Undertaking for Internet Access

Internet is being provided to your department by the IT department.

| Name | Details |
|-------------------------------------|---------|
| Internet ID | |
| Internet Access Password | |
| Access Unit No. | |
| Time for Internet Uses (Hours/Days) | |

Note: While using this internet access, the users should not visit any unsecured website. The department will compile the user details (Mobile No. & Email) of all the users. The department will be responsible for any security threat due to access of internet by there users.

I confirm that I have read, understood, and agree to comply with the terms outlined above for the responsible use of internet resources within my department.

Name of Department : _____

Department Head Name: _____

Signature (with Seal) : _____

IT Department

Date: _____

(F.I.C./In-charge)