



VPN Access Request Form

REQUESTER DETAILS

Username : (**NIT Internet Account**)
E-mail:
Position:
Department:

ACCESS DETAILS

Access period: Permanent Temporary
From:
To:
Reason:

Terms and conditions of access to the NIT VPN

NIT CSC disclaims any and all liability towards the breach/compromise of your computer and/or other network-connected devices when connected via the **NIT VPN**. Any licensing issues or costs that may be incurred as a result of connecting to the VPN are the responsibility of the requester. Access to the **NIT VPN** may be used for work-related purposes only. The VPN software and its associated credentials may not be shared with anyone under no circumstances. The use of remote access services is prohibited (e.g. TeamViewer, LogMeIn, GoToMyPC, peer-to-peer networking, etc) when connected to the **NIT VPN**

All accesses to the **NIT VPN** are monitored and logged.

Any unauthorized access due to the unauthorized sharing of VPN software and/or its credentials will lead to prosecution

I confirm that I have read the above terms and conditions and agree to use the NIT VPN responsibly. I confirm the anti-virus on the computer to be used to log into the VPN is licensed and up-to-date. I confirm the computer to be used to log into the VPN is active and running.

Date of request

Requester Name

Requester Signature

FOR CSC CHAIRPERSON ONLY

Status: Approved Rejected

Date

Name

Signature

FOR NOC TEAM ONLY

Access granted on: Access removed on:
Name: Name:
Signature: _____ Signature: _____

Keep a copy of this form for your records .Send the completed and signed form to Computer Services Centre Deptt.