

Anti-Virus Installation Key(s) request Application Form

(For AMU Employees)

D. No.: _____

Date: _____/_____/_____

University Employee (Faculty/Staff)	S. No.	Section 1: Faculty/Staff Personal Details	
	1.	Name	
	2.	Designation	
	3.	PID	
	4.	Department	
	5.	E-mail (Please provide valid email for further correspondence)	
	6.	Mobile Number	
	7.	Software Package Category	Centralized Anti-virus, Kaspersky Pvt. Ltd.
	8.	Justification of Software Package Requisition	
	9.	IP Address*	
	10.	MAC Address*	
	11.	Machine Name*	
<u>Declaration</u>			
<p>I hereby confirm and certify that the above information is correct to the best of my knowledge. I, also understand if at any stage, it is detected that the information supplied by me is falsified, I will be liable for disciplinary actions as per the University rules.</p>			
Date: _____		_____	
		Signature of Faculty/Staff	
IT Focal Point	Section 2: For official Use (IT Focal Point)		
	<p>It is verified that Mr. /Ms. _____, PID _____ is a Faculty/Staff member of this Faculty. His / Her aforesaid request for Installation Key(s) of Software Package(s) is approved.</p>		
	Date: _____		_____
Name of IT Focal Point: _____		Signature of IT Focal Point	
Name of the Faculty _____, AMU			
Computer Centre	Section 3: For Official Use (Computer Centre)		
	<p>Installation Key(s) request has been processed and the Installation key(s) details have been sent to IT-Focal Point of Faculty _____ via D. No. _____ Date: _____/_____/_____</p>		

			Signature of concerned person, Computer Centre, Aligarh

*Antivirus being provided is meant for **University owned** laptops & Desktops **only**.