Shri G.S. Institute of Technology and Science, Indore UNDERTAKING FOR OWN USAGE

I (Name)	son/daughter of	residing
at	am a regular	student of
	(name of degree and branch) in	
(year) in the department of (name of department). I wish to obta and password for accessing various resources of the Institute campus wide networking as an addition facility for academic purpose. I am also having		•
(present e-mail addresses on other s	ervers) e-mail addresses.	

I, hereby agree the followings:

- That I shall not disclose password assigned to me to any other user(s) nor shall use the password of other user(s). I shall not do any activity on CWN that may trap the password of any other user, disallow an access to a valid user or allow access to an invalid user I shall not use the guest login (if any) or logins without password (if any) to access the OWN.
- 2) That I shall not conduct any activity on OWN which may insert virus in the system.
- That I shall not indulge in any activity through OWN which may result in defamation of the institute. Such prohibitive activities include password hacking, web site hacking, attempt to unauthorized access to the system resources such as files, subdirectories, directories, and server systems. I shall not do unauthorized modifications for the creation of false websites or web pages, excessively overloading the system which may result in obstructing fair usage among other users. Spam e-mail generation and all other activities which may be covered under cyber laws.
- That in case of any misconduct on OWN usage, the decision of the institute will be final and acceptable to me, which may include denial of access to my login and stored data, deletion of my login, penalty including fine, or in case of severe misconduct even the legal action which the institute may deem fit.
- That I shall not modify any I.P. addresses of any machines in my or any other Laboratory /office/room/Quarter. I shall use only the allotted I.P. address for that place. I shall not do subnetting on my own.
- I shall not access, store, or transmit any obscene web sites or the web material which is not viewable in public. I shall also not indulge in any excessive graphic video downloads.
- 7) I shall not access share market or matrimonial web sites.
- I understand that it is my responsibility to keep my computer/laptop virus free failing which the access may be denied to me While working on the institutes machine I shall not block anti-virus updates.
- I am aware that this facility is available to me as a regular student 01 the institute and will be withdrawn / discontinue as soon as I am not the regular student of the institute or fail to register in the semester
- 10) I shall not originate or indulge in any secure communication.

11)	I shall not do any morphism of images and transmit / CWN.	store them or voice file alteration on	
12)	I shall be solely responsible for all the activities that are carried out by me on OWN.		
13)	I shall not hold responsible to the institute for the loss of data stored by me on OWN.		
14)	•		
15)	That the institute deserves the right to monitor my internet traffic activities.		
16)	That the institute has a right to block my network traffic at any time if required.		
17)	That I shall immediately inform the institute if I find that my password is compromised or I cease to have the status of regular student of the institute in between the semester.		
18)	That the institute may charge from me the fee for the usage of OWN wit:1 prior notice and unless I give in writing to discontinue my login and password it may be presume that I agree to pay the OWN usage fee.		
19)	That the institute reserves the rights to add or modify these rules as it may deem fit.		
	Department: Degree and Year: Roll No.:	Signature & Date	
	One of the witness will be a teacher who is teaching him/her the department)	in current semester while submitting	
Witness 1		Witness 2	
1) Nar	me:	1) Name:	
,		2) Signature:	
		3) Designation:	
4) Dep	partment:	4) Department:	
	lress:	5) Address:	
6) Date	, 	6) Date:	
 Nar Sigr Des Dep Add 	nature:ignation:oartment:	1) Name:	

The Student should fill up two copies of the form & submit it to their respective department. The department would keep one copy for records & send another copy to the Head. CTA department (Ms. Sunita Verrna) for further processing.

Forwarded By

1 Head of the Department

1. Departmental CVVN I/C Faculty