

**Form for Bulk Guest User/ Participants availing NERIE Internet Facilities
(Details to be provided by Coordinator/Departments)**

Sl No	Name	Organization	Email ID and Mobile No	Name of Programme	Date (From-To)	No of days access required	Signature of Guest User / Participant with Date

I agree to the terms and condition of IT Usage Policy of this Institute and liable for any actions as enforced for unauthorized activities or breach of security.

Signature of Coordinator