

LTM Medical College Wired Internet User Application Form

The Dean (L)

Respected Sir

I request to apply for Internet user plan of my own free will. I agree to the rules of use and I understand that I will be solely responsible and liable to any legal action which may arise from the utilization of the internet through my user id

Municipal Corporation of Greater Mumbai and Lokmanya Tilak Municipal Medical College and General Hospital will not be liable for any untoward actions or any legal litigation arising from use of my user id.

My details are as follows

Employee Code / PRN No	
Designation	
First Name	
Middle Name	
Last Name	
Mobile number	
Email id	
Department /Batch of UG/ PG join	
Signature of Applicant	
Endorsement by HOD	
For Office use only	
Receipt Number	
User id /ip assigned	
Date of Creation	
Valid till	
Email intimated on	
Email intimated by	
Signature	

I understand that it may take up to 4 working days for my account to be active and I will be intimated on email regarding the same and user will not appended during vacation period