



Dr. KALAM COMPUTING CENTRE
ANNA UNIVERSITY, MIT CAMPUS, CHENNAI - 600044
SUB-DOMAIN FACILITY REQUISITION FORM

Date ___/___/___

Department / Centre Name		
Club / Association Name		
Preferred sub-domain Name 1 2 3		
Purpose		
Sub-Domain Handling Person Details Name : Staff ID/ Register Number : Email-id : Mobile Number :	Staff in-charge Details Name : Designation : Email-id : Mobile Number :	
DECLARATION We assure that the sub-domain will host website for academic, research, students activities and administrative purposes connected with the institution, only. We understand that the utilization of this facility will have a log file, created in the campus server and any misuse of this facility, violating Anna University policies / regulations, will result in termination of this facility and may lead to administrative or disciplinary procedures. The Head / Director concerned will be responsible for the contents and the credibility of the linked websites, views expressed in the websites. We understand that the availability / access to the sub-domain is subject to the availability of Network resources and Server/Cloud services.		
Handling Person Signature	Association / Club Staff Signature	Head / Director/ Dean Signature with Seal
OFFICE USE ONLY		
Web-In charge	Head, KCC	