Hospital Selayang

HS.ITD.Borang 025

WiFi Application (for Notebook Only)			
Reason			
Date		Date approved (For office use only)	
Full name (as in Identification Card-NRIC)			
No. of Identification Card			
Position			
Phone no.	Mobile :	Office (ext.) :	
Location			
Department / Ward			

Checklist :

☐ Notebook

☐ Anti-virus update latest version (COMPULSORY)

☐ Window patches latest version (COMPULSORY)

Signature of applicant : .....

Signature Head of Department : .....

Name Head of Department : .....

Date : .....

Signature HOD of ITD : .....

Name HOD of ITD : .....

Date : .....