

Computer Section, College of Basic Sciences and Humanities, CCS HAU, Hisar

Anti-Virus Kaspersky installation Form

Sr. No. _____

Name of Building _____

Name of Department/office _____

User Name _____

Machine Number _____

IP Address _____

MAC Address _____

Installation Date _____

It is certified that anti-viurs (Kaspersky) has been installed on the above mentioned machine under my control and working properly.

Signature Engineer

Signature of User