

## I.I Permanent Staff

## **FORM FOR REQUISITION OF OFFICIAL EMAIL ID**

Employee ID	:
Name	:
Department/ Wing	-ICHEDIEC O
Controlling Officer	of Planting & OCK
Current Email address* :	
Mobile Number :	

## Note

- 1. Please spell the names and all other information sought above correctly.
- 2. \*This Email address should be currently used by you.
- 3. The filled in form should be submitted after getting duly signed from the respective Controlling Officer.
- 4. An official Email address would be created within 48 hrs. 72 hrs.
- 5. Information regarding the official Email address created would be sent to your current Email address.
- 6. A copy of the Employee ID card should be submitted along with this form.
- 7. The email account will be deactivated once the employee leaves the institution.

Date: (Signature of the Employee)

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(Signature of the Controlling Officer)