



E-Mail Processing Form

Date :

(Filled in form to be submitted to Computer Centre through Dean/HOD)

Tick a Choice

| | | | |
|----------|--------------------------|---------|--------------------------|
| New Mail | <input type="checkbox"/> | Changes | <input type="checkbox"/> |
|----------|--------------------------|---------|--------------------------|

Name (Full Name) :

Tick :

| | | | | | |
|-------|--------------------------|---------|--------------------------|---------|--------------------------|
| Staff | <input type="checkbox"/> | Teacher | <input type="checkbox"/> | Student | <input type="checkbox"/> |
|-------|--------------------------|---------|--------------------------|---------|--------------------------|

Department :

Alternate E-mail :

Mobile No. :

Desired email ID (Please write atleast 3 id in order of preference)

1.
2.
3.

(Faculty / Student's Signature)

DEAN / HOD 's Signature

For Office Use

Created ID :

Remarks :

Created by :

Created on:

Signature

Mode of Acknowledgement : Mobile / By Alternate Email

(System Manager & Head)