

IIITDM Kancheepuram

EMAIL ID REQUISITION FORM

Date:

1. Full Name of the Faculty / Staff :

First Name:	Middle Name:	Last Name:	Surname:

2. Designation :

3. Department / Section :

4. Email ID (Personal) :

5. Contact Number :

6. Purpose of email id : Self / Project (**name of the project**) _____

7. Preferable id name 1.

(IIITDM Kancheepuram reserves the right to 2.
choose any or none of the options)

3.

I Undertake that. I would not misuse the email allotted by the institute and in case of any violation, the institute is free to cancel the email id. I would also agreed and accept that in case of resignation from the post, the institute is free to withdraw the email id allotted to me.

Signature of the Faculty / Staff

Signature of the HoD / Faculty –in- charge / Section Head / AR Admin

OFFICE USE

Assigned Email id :

Temp Pwd :