



DIRECTORATE OF INFORMATION TECHNOLOGY

**REQUEST FOR USER ACCOUNT
(DOMAIN & CMS)**

Requested Account Type	<input type="checkbox"/> Regular	<input type="checkbox"/> Adhoc	<input type="checkbox"/> Visiting
Account status	<input type="checkbox"/> New	<input type="checkbox"/> Activation of existing A/C	
E-mail ID:	_____yahoo/ gmail/ hotmail <i>(in case of visiting faculty members)</i>		
Full Name:	<i>Mr./Ms.</i> _____		
First Name:	_____	Last Name:	_____
Designation:	_____	Department:	_____
Primary Faculty	_____	Secondary Faculty	_____
Mobile No:	_____	Office Extension:	_____
Date:	_____	Signature of applicant:	_____
		Signature of HOD*:	_____

HOD : Head of Department, where instructor/ employee is currently teaching/ serving.*

For the use of IT Directorate

	ID assigned	Signature	Date
E-mail Admin.	_____	_____	_____
Team Lead CMS	_____	_____	_____
System Admin.	_____	_____	_____
ID issued	<input type="checkbox"/>	ID not issued	<input type="checkbox"/>
Date:	_____	Signature:	_____

Director IT