

Madhya Pradesh State e-Mail Services

Application for Creation of New e-Mail Account (for individual user - Free)

Personal email ID (Y)

(Please read the instruction given in the reverse of this page. The completed application form should be duly forwarded by the concerned Office Head / Nodal Officer (e-mail services) of the concerned department.)
Please use CAPITAL LETTERS.

1. Name of the applicant*: _____
(Dr. /Mr. /Ms. First name Middle Name Surname)
2. Date of Birth*DD/MM/YYYY:

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3. Designation*: _____
4. Min./Dept./Org*/
a. Ministry / Department _____
b. Organization/ HOD Office _____
5. Aadhaar Number: _____ Emp id no: _____
6. Address for correspondence*: _____

City _____ Pin Code:* _____
7. Telephone Number : (O)* _____ (R) _____ Mobile* _____
8. Preferred email id** : a) _____, b) _____
9. Alternate e-mail address for correspondence*: _____
10. Date of Retirement/ Completion of Contact (DD/MM/YYYY)*

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This is to declare that I have read the terms and conditions and I agree to abide by them.

**Signature of Respective Office head/ HOD
Of the Department with date and seal**

**Signature of the Applicant
with date and seal**

The above applicants is employee/ Contractual with our department /sub-ordinate office of our department that draw its funds from the consolidate fund of Govt. of M.P.***

***Signature of Nominated Nodal Officer
With date and seal

Name & Designation: _____

E-mail and Tel. _____

FOR ADMIN OFFICE USE	
User ID Creation:	
Assigned login ID: _____	Domain: _____
Remarks (BO/PO): _____	
Signature of Admin	
Name & Design: _____	

* Entries are mandatory and need to be filled.

** The login ids will be generated based on the guidelines issued under email address policy. A Suffix may be added to make the email id unique across the domain

*** As per guidelines issued under the e Mail policy. Please check the policy @ _____

Madhya Pradesh State e-Mail Services
Application for Creation of New e-Mail Account (for individual user - Free)
Designation based email ID (Y)

(Please read the instruction given in the reverse of this page. The completed application form should be duly forwarded by the concerned Competent Authority / Nodal Officer (e-mail services) of the concerned department.) **Please use CAPITAL LETTERS.**

1. Min./Dept./Org*/_____
2. Full Designation*:_____
3. Office Location_____

(Division, District, Tehsil/ Block , Gram Panchayat/ Urban Local Body)

4. Telephone Number : (O)*_____ (R)_____
5. Preferred designation based email id**:
a) _____, b) _____

Authorized User's Credential

6. Name of the delegated user*: _____
(Dr. /Mr. /Ms. First name Middle Name Surname)
7. Address for correspondence*:_____
8. _____ City _____ District _____
9. Full Designation*:_____
10. Min./Dept./Org*/_____
 - a. Organization/ HOD Office _____
11. Mobile Number*_____
12. e-mail address for correspondence*:_____

This is to declare that I have read the terms and conditions and I agree to abide by them. The above authorized user for this mail id is employee/ Contractual with our department /sub-ordinate office of our department that draw its funds from the consolidate fund of Govt. of M.P.***

Signature of Respective Nodal Officer
With date and seal

Name & Designation: _____
E-mail and Tel. _____

***Signature of the Competent Authority
With date and seal

Name & Designation: _____
_E-mail and Tel. _____

FOR ADMIN OFFICE USE	
<u>User ID Creation:</u>	
Assigned login ID: _____	Domain: _____
Remarks (BO/PO): _____	
Signature of Admin	
Name & Design: _____	

* Entries are mandatory and need to be filled.

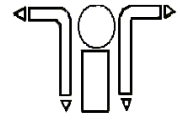
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DEITY, Govt of India



Dept. of Science & Technology
Govt. of Madhya Pradesh



Madhya Pradesh Agency for
Promotion of Information Technology

*** As per guidelines issued under the e Mail policy. Please check the policy @ _____