







## <u>Madhya Pradesh State e-Mail Services</u> <u>Application for Creation of New e-Mail Account (for individual user - Free)</u> <u>Personal email ID (Y)</u>

(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.)

	(Dr. /Mr. /Ms	s. First r	name	Middle Name	Surname)					
	Date of Birth*DD/MM/YYYY:			]	,					
	Designation*:			J						
	Min./Dept./Org*/									
	a. Ministry / Department									
	a. Ministry / Department b. Organization/ HOD Office									
	adhaar Number: Emp id no:									
	Address for correspondence*:									
		City		Pin Code:*						
	Telephone Number : (O)*	(R)Mobile*								
	Preferred email id**: a), b)									
	Alternate e-mail address for correspondence*:									
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## 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.

Min./Dept./Org\*/\_\_\_\_

2.	Full Designation*:					
3.	Office Location					
	(Division, Di	strict, Tehsil/ Block	, Gram Panchay	at/ Urban Local Bod	y)	
4.	Telephone Number : (O)*_	(R)_				
5.	Preferred designation based en	mail id**:				
;	a)	,b)				
	<u>Aut</u>	<u>horized User's Cr</u>	edential_			
6.	Name of the delegated user	*:				
					Surname)	
7.	Address for correspondence	?*:				
8.		City_	·································	District		
9.	Full Designation*:					
10.	Min./Dept./Org*/					
	a. Organization/ HOD Of	ffice				
11.	Mobile Number*					
12.	e-mail address for correspon	ndence*:			_	
auth	is to declare that I have re orized user for this mail id in artment that draw its funds fro	s employee/ Contra	actual with our	department /sub-ord		
Sign	ature of Respective Nodal C	Officer	***	Signature of the Cor		
With date and seal			N (	With date		
	& Designation:il and Tel			& Designation: l and Tel		
L-IIIa	ii and iei		_L-mai	i and Tel		
		FOR ADMIN	OFFICE USE			
User ID Creation:						
	Assigned login ID: Remarks (BO/PO:		nain:	_		
	Remarks (DO/PU.			 Signature of Admin		
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* Hn	tries are mandatory and need to	ne filled				

<sup>\*\*</sup> 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







## Dept. of Science & Technology Govt. of Madhya Pradesh



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