

**Government of India**  
**Ministry of Electronics and Information Technology,**  
**NATIONAL INFORMATICS CENTRE**

**Application for Bulk E-Mail Account Creation for a complete domain/ a group of users**

(Please read the instructions given in the reverse of this page. The completed application form, duly signed by the concerned Project Coordinator/HOD of the concerned NIC Cell, should be **submitted to Support Center at "iNOC, NIC, A4B2 Bay, A-Block C.G.O. Complex"**). Please use CAPITAL LETTERS.

1. Name of the Applicant\*: Suraj Bhan  
(Dr./Mr./Ms. First name Middle Name Surname)
2. Designation\*: Dist Dev. & Panchayat officer (DDPO)
3. Min./Dept./Org\*: Panchayat
4. Address for correspondence\*: Off DDPO, First Floor, Minu  
Seet City: HISAR Pin Code: 125001
5. Telephone Number: (O)\* 230927 (R) \_\_\_\_\_ Mobile\*: 9992414836
6. NIC E-mail address of the applicant\*: DDPOHSR@HKY.NIC.IN

This is to declare that all the users listed along with this application form have been notified about the terms and conditions and they agree to abide by them. I shall be the single point of contact in case of any failure on their part. I have read the terms and conditions and I agree to abide by them.

[Signature]  
 Dist. Dev. & Panchayat Officer  
 Signature of Competent  
 Authority of the Department  
 with date and seal

[Signature]  
 Dist. Dev. & Panchayat Officer  
 Signature of the Applicant  
 with date and seal

Account Category:

Free/ Paid

If free, on What Basis: \_\_\_\_\_

If paid, Project No. : \_\_\_\_\_

[Signature] 22/10/2020  
 Signature of NIC Coordinator/HOD/Delegated Admin  
 with date and seal

Name & Designation: \_\_\_\_\_

E-mail and Tel. \_\_\_\_\_

Ministry of Communications & IT  
 Department of Information Technology  
 National Informatics Centre  
 HISAR (Haryana)

FOR OFFICE USE

**Billing Division(RR Section):**

File Number: \_\_\_\_\_

Payment Processed: Yes/ No \_\_\_\_\_

Signature \_\_\_\_\_

**User ID Creation:**

Assigned login ID: \_\_\_\_\_ Domain: \_\_\_\_\_

Remarks(BO/PO): \_\_\_\_\_

Signature of iNOC incharge \_\_\_\_\_

Signature of the Operator \_\_\_\_\_

Name & Desig.: \_\_\_\_\_

\* Entries are mandatory and need to be filled.

List\* of user names and/or designations in the format given next page are to be provided along with application form.