** IT Department**

E-mail Account Request Form

IT-F-2

|  |  |  |
| --- | --- | --- |
| Date: |  | |
| Badge No: |  | |
| Name: | First Name: |  |
| Second Name: |  |
| Department: |  | |
| Designation: |  | |
| Location: |  | |
|  |  | |

E-mail ID Details

|  |  |
| --- | --- |
| \* Preferred E-mail ID: |  |
| Created E-mail ID:  (To be filled by IT) |  |

|  |  |
| --- | --- |
| Comments: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |  | Approved By:  (Head of Department) |  |
|  |  | Signature: |  |
| Date: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **IT use only:** | | | |
| Remarks: | | Approved By: |  |
| Date & Signature: |  |
| Created By: |  | Applied By: |  |
| Date & Signature: |  | Date & Signature: |  |

**\*-** IT Dept. has the right to create a different E-mail ID to eliminate account conflicts.