USER MAINTENANCE FORM

To Be Filled by User Department

Branch /Department	
Requested by	
Date	

Login Type

e-Finance System ☐

Pc Login ☐

Request Type

Password Reset	☐
User Deactivation	☐
User Reactivation	☐

User Details

Name	
EPF No	
User ID /Username	
Reason	

Note

- IT Department shall not accept this request if it is not signed by the authorized Person.
- Signature of the user is not mandatory for the user deactivation request.

Date :- ……………   User's Signature :- ……………..   Authorized Signature:- ……………….

IT Department only

Name	
Signature	
Date	