Central Library, Vidyasagar University

Centre for Digital Resource Services

REQUISITION FORM FOR E-MAIL ACCOUNT (Scholars)

(USE BLOCK LETTERS ONLY)

1. Full Name: _____

2. Department: _____

3. Year of Admission : _____

4. Permanent Address :

_____

5. Local Address :

_____

6. Mobile No. (Mandatory) : __ _____

7. Existing Email ID(Mandatory) :_____

8. Identity Card No. : _____(Attach Xerox Copy)

9. Please specify the E-mail Account Name you wish to have

Option One

@mail.vidyasagar.ac.in

Option two

@mail.vidyasagar.ac.in

Declaration

The above information furnished by me is correct, and I undertake to abide by the rules and regulations of the University for proper use of email facility for my research work purpose.

Date : **SIGNATURE OF THE STUDENT/SCHOLAR**

_____ _____

Application for email account recommended by Prof / Dr / Mr / Ms / Mrs.....
Signature & Stamp of

Supervisor/ Head

Office Use Only

The following email ID is created for Dr./Mr./Ms_____
_____on _____

r	s														

@mail.vidyasagar.ac.in

Attach photo copy of University Identity Card.
Ph.D. registration certificate also required for research Scholars.