Central Library, Vidyasagar University

Centre for Digital Resource Services

REQUISITION FORM FOR E-MAIL ACCOUNT (Staff Only)

(USE BLOCK LETTERS ONLY)

1. Full Name : _____
2. Designation : _____
3. Dept./School/Centre : _____
4. Office Telephone Nos. :_____
5. Existing Email ID (if Any) : _____
6. Mobile No. (Mandatory) : _____
7. Employee Code : _____ (Attach Xerox Copy of the University ID card)
8. Please specify the E-mail Account Name you wish to have

Option One

| | | | | | | | | | | | | | | | @mail.vidyasagar.ac.in

Option two

| | | | | | | | | | | | | | | | @mail.vidyasagar.ac.in

Date : Signature

User Counterfoil

The following email ID is created for Prof./Dr./Mr./Ms _____

_____

on _____.

| | | | | | | | | | | | | | | | @mail.vidyasagar.ac.in

Attach self attested photo copy of University Identity Card and Joining Letter.