Centre for Digital Resource Services
Central Library

REQUISITION FORM FOR E-MAIL ACCOUNT (Staff Only)

1. Full Name : _____
2. Designation : _____
3. Dept./School/Centre : _____
4. Office Telephone Nos. : _____
5. Existing Email ID (if Any) : _____
6. Please specify the E-mail Account Name you wish to have

Option One

								@mail.vidyasagar.ac.in

Option two

								@mail.vidyasagar.ac.in

* Please Attach the Xerox copy of the Joining Letter

Date : Signature

User Counterfoil (Office USE ONLY)

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

_____

on _____.

								@mail.vidyasagar.ac.in

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