



Email ID Account Request Form

Date: _____

User Details

Name : _____

Designation : _____

Department : _____

Email ID : _____

Contact Details : Mobile: _____ Inter Com: _____

This is to certify that the above information provided by me is correct and I abide by the information security policy of Anna University.

(User Signature)

Recommendation

This is to recommend that the above mentioned user may be provided an official email ID account

Head of the Department
(Signature with Seal)

DEAN
(Signature with Seal)

Web Admin		
Alloted Email ID	@ucep.edu.in	Date :
Remarks		