COMPUTER CENTRE

Periyar University, Salem - 636011.

Requisition Form for E-Mail Account

S.No	Particular	To be filled
1	Full Name of the User	
2	Designation	
3	Department/Centre/Section	
4	Mobile Number	
5	Please specify the E-mail Account Name you wish to have	☐☐☐☐☐☐☐☐ @periyaruniversity.ac.in
6	Existing E-mail ID	

Date: Signature of the User   Signature of the HOD

User Counterfoil

The Following E-mail ID is created fr Prof/Dr/Mr/MS ————————————————————

On ———————————   ☐☐☐☐☐☐☐☐☐   @periyaruniversity.ac.in

Signature of the Web Admin   Signature of the Director