



Centre for e-Governance

Academica Registration Request Form

Name	:											
Emp ID	:											
Designation	:											
Department	:											
E-Mail ID	:											
Mobile Number	:											
PAN	:											
Date of Birth (dd/mm/yyyy)	:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px; text-align: center;">/</td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> </tr> </table>			/							
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Date of Joining (dd/mm/yyyy)	:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px; text-align: center;">/</td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> <td style="width: 5%; height: 15px;"></td> </tr> </table>			/							
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Date :

Signature

Recommended and forwarded

HOD/Director/Dean*
(Signature with seal)

* Staff from Constituent College/Regional Campus has to get the signature from the respective Dean only