



MANIPUR UNIVERSITY

Canchipur, Imphal, Manipur - 795003

eOffice Account Request Form

(Print this form and submit to **Computer Centre** through Dean/HOD)

Full Name	First Name	WANGJAM	Middle Name	DEVENDRA	Last Name	SINGH
Eoffice Form No.	EOF202504280001					
Employment Type	Permanent					
Employee Type.	Teaching					
Designation	System Administrator					
Department	DEAN STUDENT WELFARE					
Mobile	07002162813					
Email	sysmanager@manipuruniv.ac.in					
Date of Retirement	2025-04-23					

Dean/HOD/Controlling Officer

Applicant's Signature

(Please enclose a photocopy of Identity Card along with the application form **)**

FOR OFFICE USE

Created ID		
Password Assigned		
Remarks		
Created by:	Created on:	Sign:
Mode of Acknowledgement	mobile / e-mail / printed	

(Systems Manager & Head)

Printed on 10-05-2025 01:27 PM