

## **eOffice Account Request Form**

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

Full Name	First Name	SERAM	Middle Name	SANJIT	Last Name	MEITEI	
Eoffice Form No.	EOF202505060001						
Employnent Type	Permanent						
Employee Type.	Non-Teaching						
Designation	Maintenance Assistant (Electrical)						
Department	Manipur Institute of Technology						
Mobile	8787698611						
Email	seramsanjitmeitei@gmail.com						
Date of Retirement							

Dean/	/HOD	/Control	lling	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	