

Canchipur, Imphal, Manipur - 795003

## **eOffice Account Request Form**

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

Full Name	First Name	Thounaojam	Middle Name	Rajesh	Last Name	Singh
Eoffice Form No.	EOF202505070001					
Employnent Type	Permanent					
Employee Type.	Non-Teaching					
Designation	Assistant Engineer (Clvil)					
Department	Manipur Institute of Technology					
Mobile	9862117853					
Email	rajeshluwang@gmail.com					
Date of Retirement						

## 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	