

eOffice Account Request Form

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

Full Name	First Name	Salam	Middle Name	Oshinta	Last Name	SIngh
Eoffice Form No.	EOF202505070002					
Employnent Type	Permanent					
Employee Type.	Non-Teaching					
Designation	Maintenance Assistant (Clvil)					
Department	Manipur Institute of Technology					
Mobile	9856623330					
Email	salamoshintasingh@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	