

Canchipur, Imphal, Manipur - 795003

eOffice Account Request Form

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

Full Name	First Name	Laimayum	Middle Name	Meghachandra	Last Name	Sharma
Eoffice Form No.	EOF202505080001					
Employnent Type	Contract					
Employee Type.	Non-Teaching					
Designation	Executive Engineer (Clvil)					
Department	Engineering Cell					
Mobile	8794610157					
Email	lmegha1962@gmail.com					
Date of Retirement						

Dean/HOD	/Contro	lling	Officer
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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	