

PI send duly filled forms to Nodal Officer e-mail Policy: nodalhealth@mp.gov.in

Madhya Pradesh State e-Mail Services

Application for Creation of New e-Mail Account (for individual user - Free) Personal email ID (Y)

(Please read the instruction given in the reverse of this page. The completed application form should be duly forwarded by the concerned Office Head / Nodal Officer (e-mail services) of the concerned department.)

Please use CAPITAL LETTERS.

1. Name of the applicant*: Dr./Mr./Ms.
(First Name Middle Name Surname)

2. Date of Birth*DD/MM/YYYY:

D	D	M	M	Y	Y	Y	Y
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3. Designation*:

4. Min./Dept./Org*/
a. Ministry / Department : **Public Health & Family Welfare Department**

b. Organization/ HOD Office: **CMHO/Civil Surgeon/Civil Hospital/**

5. Aadhaar Number: **Emp. Code No:**

6. Address for correspondence*:
City: Pin Code:*

7. Telephone Number : (O)* **Mobile***

8. Preferred email ID** : (O) **Mobile***

9. Alternate e-mail ID for correspondence* :

10. Date of Retirement/Completion of Contract *DD/MM/YYYY:

D	D	M	M	Y	Y	Y	Y
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This is to declare that I have read the terms and conditions and I agree to abide by them.

Signature of Respective Office Head/ HOD
of the Department with date and seal

Signature of the Applicant
with date and seal

The above applicants is employee/ Contractual with our department /sub-ordinate office of our department that draw its funds from the consolidate fund of Govt. of M.P.***

*****Signature of Nominated Nodal Officer**

With date and seal

Name & Designation.....

E-mail and Tel.....

FOR ADMIN OFFICE USE

User ID Creation:

Assigned login ID: Domain: mp.gov.in

Remarks (BO/PO:

Signature of Admin.
Name & Design.

* Entries are mandatory and need to be filled.

** The login ids will be generated based on the guidelines issued under email address policy. A Suffix may be added to make the email id unique across the domain

*** As per guidelines issued under the e Mail policy.