



INSTITUTIONAL
E-MAIL REGISTRATION FORM
IT Department

Date:

Full Name :		
Department :		
Designation :		
Corresponding Email Address :		
Preferred Email Address :		@kusms.edu.np
Contact Number:		
HOD/IN-CHARGE/CAO		
Name:		
Designation:		Signature

Note:

- ✓ IT Department is not backing up individuals email so user are responsible for backing up their individual emails.
- ✓ After the resignation or contract date is not renewable, Email will be automatically eliminated after one month without prior notice.
- ✓ All rules & regulations of Dhulikhel Hospital IT Department policy must be followed.
- ✓ **Approval of HOD/In-charge/CAO is mandatory for email registration.**

I agree with the above mentioned rules and regulations.

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Applicant Signature

Official Use Only.

Issued By: