



**KATHMANDU UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
INSTITUTIONAL**

E-MAIL REGISTRATION FORM (Student)

IT Department

Date:

Full Name :			
Program / Subject:			
Batch :		Enrollment Year:	
Corresponding Email Address :			
ID Card No:			
Preferred Email Address :		@student.kusms.edu.np	
Contact Number:			
HOD/CAO			
Name:			
Designation:		Signature	

Note:

- ✓ IT Department is not backing up individuals email so user are responsible for backing up their individual emails.
- ✓ The email account will be automatically deleted after one month of completion of enrolled program without any prior notice
- ✓ .The email account provided shall only be used for university correspondence or educational/research purposes.
- ✓ All rules & regulations of Dhulikhel Hospital IT Department policy must be followed.
- ✓ **Approval of HOD/CAO is mandatory for email registration.**

I agree with the above mentioned rules and regulations.

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Student Signature

Official Use Only.

Issued By: