

AN INSTITUTION OF SATIONAL IMPORTANCE ESTABLISHED IN AN

Affix Passport Size Photograph **Duly Attested** By Head of Department

## (COMPUTER CENTRE)

1. Name of the Applicant			E-MAIL FACILITY (ST	CDENTS)
3. Department			4. Enrollment No.	
5. Date of Birth				
7. Nationality			6. Date of Registration  8. Mobile No.	
9. Choice for User Name In order of preference (Default Standard - first name . last name)		@bhu.ac.in	12. Alternate E- mall ID	
		@bhu.ac.In	Other than BHU domain	
		@bhu.ac.in		

horses, corrupted files, hoaxes or other items of a destructive or deceptive nature. (v) To interfere with the use of the Services, or the equipment used to provide the Services, by customers, authorized resellers, or other authorized users. (vi) To alter, disable, interfere with or circumvent any aspect of the Services. (vii) To test or reverse-engineer the Services in order to find limitations, vulnerabilities or evade filtering capabilities.

While using this mail, service, I shall be responsible for all the transaction from my E-mail ID, I will be responsible for all the content browsing using the B-mail ID allotted to me; I understand that IT infrastructure of the B.H.U. is for academic use; I shall not misuse it and I will take due care of any misuse that might harm others in any means and/or may be otherwise considered objectionable or illegal as per Cyber Laws. In any such cases of misuses I do take full responsibility of it. I will not intrude on privacy of anyone. In understand that the IT Resources provided to me are subject to monitoring to the legal or law enforcement. I authorize B.H.U. Administration and Computer Centre to perform network vulnerability scans over my E-mail ID as and when needed for protecting the overall integrity and efficiency of the B.H.U. Network. I understand that any use of IT infrastructure that constitutes a violation of the University Regulations may result in administrative disciplinary action against me. I understand that Failure to comply with the undertaking may result in suspension or

Place:	I hereby authorize the Univers created in New E-mail system.	ity to transfer/process/storage of my mail data/information into the nev	w E-mail Services against my E-mail account
Place:  Declaration by the Head/Dean of the Department  This is to certify that Mr./Ms.  Faculty/Institute/Centre/Section.  Please issue him/her Email ID for his/her work.  Date:  Place:  (Signature of the Department is student in our Department/  Base instantify ereated and will be send to your alternate Email-ID.  Mr./Dr.  FOR OFFICE USE ONLY  The above E-mail ID is allotted for the period upto:  Signature of the Jr. Programmer/  Computer Operator/System Manager  Coordinator  Computer Centre	Date:		
This is to certify that Mr./Ms.  Faculty/Institute/Centre/Section.  Please issue him/her Email ID for his/her work.  Date:  Place:  (Signature of the Applicant)  (Signature of the Applicant)  Is student in our Department/  (Signature of the Head of the Department/  (Signature of the Head of the Department with Seal)  NOTE:- Kindly submit this form to the Computer Centre duly signed by the appropriate authority and your E-mail ID will be instantly created and will be send to your alternate Email-ID.  Mr/Dr.  FOR OFFICE USE ONLY  has been assigned the following E-mail ID:  Signature of the Jr. Programmer/ Computer Operator/System Manager  Coordinator Computer Centre	Place:		
Please issue him/her Email ID for his/her work.  Date:	This is to certify that Mr /Ms	Declaration by the Head/Dean of the Department	(Signature of the Applicant)
Date:	Faculty/Institute/Centre/Section		is student in our Department/
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Computer Operator/System Manager  Computer Computer Centre		•	J T T T T T T T T T T T T T T T T T T T
Computer Operator/System Manager  Computer Computer Centre	Signature of the Jr. Programmer		
Computer Centre	Computer Operator/System Manage	r	Coordinator
Banaras Hindu University			
	Date:		Computer Centre