

## **COMPUTER CENTRE**

Applicant Photograph

Photo must be certified by Head of

AN INSTITUTION OF NATIONAL IMPORTANCE ESTABLISHED BY AN ACT OF PARLIAMENT

## Application Form of BHU Domain E-Mail ID: Non Teaching Staff

1. Name of the Applicant		2. Designation		
3. Department		4. Date of Appointment		
5. Faculty/Institute/Centre		6. Employee ID		
7. Date of birth		8. Type of Employment		
9. Nationality		10. Date of Retirement		
11. Choice of Email Id	Choices	12. Mobile No		
[Default email Id Name of	lst	13. Alternate E-mail Id :		
the applicant (Full		(Write in Capital letters only)		
Name/Short form]	2 <sup>nd</sup>	(acar cap an acar casy)		
	rd.			
	3 <sup>rd</sup>			
Undertaking:				
	ount is intended for official use	related to University work and it must	be used for academic activities only	
	All users must check their email accounts regularly for academic, administrative, and official communications. Failure to do so may result in missed			
		sing the(@bhu.ac.in) E-mail id. Commun	ications sent from any other E-mail ID mag	
not be considered official or				
iii) Users are prohibited from us <ul><li>Send harmful software,</li></ul>	sing their university email accounts to:			
<ul> <li>Misrepresent the identity</li> </ul>				
	on of offensive, illegal, or inappropriate	content.		
	Users must take all necessary steps to secure their email accounts, including maintaining password confidentiality and regularly backing up important data.  The computer centre (CC) is not responsible for restoring lost data.  Users should regularly delete unnecessary emails and large attachments to manage mailbox space effectively. Important emails should be archived, and			
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users should take periodic ba				
	for Non-Teaching Staff will be 5GB.			
	ail accounts will remain active for one year after retirement, after that email account will be deactivated and it may be deleted.  ity email Policy must be applicable to all email users.			
Date:	n oe appreadot to an eman asers.			
Place:			(Signature of the Applicant)	
	Declaration by th	e Head of the Department		
This is to certify that Mr/N	Is /Mrs /Dr		is working in our Department	
		as		
for his/her work.	n	as	I lease issue initi/fier Email it	
Data				
Date: Place:		(Signature of the Head o	of the Department with Seal)	
			•	
NOTE:- 1. Kindly submit this fo	orm to the Computer Centre du	ly signed by the appropriate authority	y and your E-mail ID will be	

- NOTE:- 1. 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 from "GOOGLE WORKSPACE".
  - 2. After receiving your created Email ID of BHU Domain you have to create your own Password by clicking on "Sign In" Option.