

Affix Passport
 Size
 Photograph
 Duly Attested
 By Head of
 Department

REGISTRATION FORM FOR E-MAIL FACILITY (FACULTY/OFFICERS)

1. Name of the Applicant		2. Designation	
3. Department		4. Employee No.	
5. Date of Birth		6. Date of Joining	
7. Nationality		8. Date of Retirement	
9. Any Previously allotted BHU Mail Id		10. Mobile No.	
11. Choice for User Name in order of preference:		12. Alternate E-mail ID other than BHU domain	
13. Update Profile	Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Reset Password	Yes <input type="checkbox"/> No <input type="checkbox"/>

Undertaking:

I, as end user, agree not to use the services: (i) To generate or facilitate unsolicited bulk commercial email. (ii) To violate, or encourage the violation of the legal rights of others. (iii) For any unlawful, invasive, infringing, defamatory, or fraudulent purpose. (iv) To intentionally distribute viruses, worms, Trojan 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 E-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 termination, or both, of the Services pursuant to the Agreement.

I hereby authorize the University to transfer/process/storage of my mail data/information into the new E-mail Services against my E-mail account created in New E-mail system.

Date:.....

Place:.....

(Signature of the Applicant)

Declaration by the Head/Dean of the Department

This is to certify that Prof./Dr./Mr..... is working in our Department/Faculty/Institute/Centre/Section..... as

Please issue him/her Email ID for his/her work.

Date:.....

Place:.....

(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.

FOR OFFICE USE ONLY

Mr./Dr..... has been assigned the following E-mail ID:.....

The above E-mail ID is allotted for the period upto:.....

Signature of the Jr. Programmer/
Computer Operator/System Manager

Coordinator
Computer Centre
Banaras Hindu University

Date:.....