



DHANAMANJURI UNIVERSITY
MANIPUR

INSTITUTIONAL E-MAIL APPLICATION FORM

Name (in Capital):

Category (please tick)

Faculty	<input type="checkbox"/>	Staff	<input type="checkbox"/>
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Department/Section:

Personal e-mail:

Mobile number:

Desired e-mail IDs (please provide at least 3 IDs in order of preference)

1. :@dmu.ac.in

2. :@dmu.ac.in

3. :@dmu.ac.in

(Dean/HOD/AR-Admin)

(Applicants' Signature)

(FOR OFFICE USE)

Created ID:

Password Assigned:

Remarks:

Created by: Created On: Sign:

(System Manager)

(*Please enclose a photocopy of Identity card along with application form*)