

Shri Mata Vaishno Devi University

Network Centre Computer Maintenance Cell

.....
Date:

Send to all email permission form

Name of Employee: _____ Designation: _____

Email Id of Employee: _____

Kindly provide detail of all existing smvdu email id handled by you (if any):

1. _____
2. _____
3. _____
4. _____

Department: _____ Mobile No. and Ext. No. _____

Access Permission Purpose : _____

Description of proposed new/existing email id:

1. Email Title: _____

2. Name of email id: _____

3 Send to all facility period required: From _____ upto _____

- Kindly note that send to all email permission can't be granted to email issued in the name of employee/person
- In case of misuse of issued email id, I shall be fully responsible for the same.

Signature of Employee

(Recommended/ Not Recommended)

Signature of Dean/Dir/HoD/Section Head

(Permitted / Not Permitted)

Registrar

I/c Network Center

For Official use only

Receipt No: _____ Date: _____

Action Taken: (Issued/Not Issued) Name of Email Id Issued _____

Date of Suspension of Send to all Email facility: _____

Signature of Email Coordinator

Name:

Date: