

UNIVERSITY COMPUTER CENTRE
PUNJABI UNIVERSITY PATIALA
FORM FOR NEW E-MAIL

Registration* form for new E-mail address/account

Title: Dr. Mr. Mrs. Ms.

Name: **First** **Middle** **Surname**

Designation: _____

Department: _____

Are you already using email services provided
by the university computer center ? Yes . No .

If **yes** please specify e-mail address: _____

E-mail account identification (please keep it short and all in lower case)
e.g. ucc@pbi.ac.in _____

Please specify if already using any other email address:

Would you know how to operate the new account?

Yes . No.

Date:

Signature of the Applicant

Director, Computer Centre

* The email accounts that are inactive will be deleted.