

Comsats Institute of Information Technology

Islamabad Campus

OFFICIAL EMAIL FORM

Date: ___ / ___ / ___

I . USER INPUT

Employee Name: _____

Designation: _____

Department: _____

Contact E-Mail: _____

(NOTE: Please provide hotmail / gmail / yahoo, etc. NOT YOUR DESIRED EMAIL ID)

II. PERSONAL INFORMATION (Required)

Important: Please affix a copy of Employee card OR NIC with this application.

Residential Address: _____

Contact Phone: _____ Ext: _____ Mobile: _____

III. SUGGESTED / DESIRED EMAIL ID

HERE YOU CAN PUT SUGGESTIONS

Option 1: _____ @ comsats.edu.pk

Option 2: _____ Option 3: _____

IV. CONCERNED DEPARTMENT INPUT:

Signed by HoD : _____ Deptt. _____

V. INCHARGE EMAIL SERVER:

The user name option: _____ has been created and added in the group

Aumair Qayyum (Sr. Manager ITS) Signatures: _____

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FOR OFFICE USE ONLY

Remarks: _____
