

Declaration form for Institutional Email ID

1.General Information		
Name:		
Roll no / ID No:		Gender: Male / Female
Degree Course / Ph.D.:		Category : Full Time / Part Time
Faculty / Guide name:		
Course Duration:	From :	To :
Campus:		
Contact Details:	Address:	Mobile no:
E-mail ID:		

I hereby declare that I cannot use the University Email ID without the knowledge of research supervisor / Head of the Department. I surrender the University Email ID after completion of my research work. I am solely responsible for using the University Email ID if anything goes wrong.

Date:

Signature of the Student

Certified by: Head of the Department / Research Supervisor with Date and seal

- Enclose Xerox copy of the Student ID-Card