Information Technology Department
New Delhi Municipal Council
Palika Kendra: New Delhi

Application for E-mail A/c

Name: (Dr./Mr./Mrs.) _____

(First Name) *(Middle Name)* *(Last Name)*

Designation_____ Employee Code_____

Department/Branch_____

Office Address_____

Office Phone No. _____ Mob._____

Signature of Competent
Authority of the Department
With date and seal

Signature of the Applicant
with date and seal