

Email address request form for offices

ICT(Information and Communication Technology) Cell

1536

| Office Name | : | Department of Chemistry |
|--|----|-------------------------|
| Office Phone | : | 7130, 7131 |
| Name of User | : | Saika Ahmed |
| Designation of User | : | Associate Professor |
| Mobile | : | 01816375089 |
| Existing Email | : | chairchemistry@du.ac.bd |
| Requested Email id(s) | : | chem_admin@du.ac.bd |
| Purpose of this email address | : | Local admin use |
| Applicant Signature and Date | : | |
| I hereby take the full responsibility of the authenticity of the information provided in this form. The administration of the University of Dhaka or the ICT Cell shall not be held responsible if any of the aforementioned information is found forged/incorrect. N.B. The email account will be activated after two working days from receiving this application form ICT Cell. signature and date (Head of office) | | |
| Office Seal | | ÷ |
| Director, Information and C University of Dhaka | on | |