

DHULIKHEL HOSPITAL  
KATHMANDU UNIVERSITY HOSPITAL  
IT DEPARTMENT  
E-MAIL REGISTRATION FORM



**Full Name:** ..... **Corresponding E-mail Address:** .....

**Preferred E-Mail Address:** .....@dhulikhelhospital.org

**OR**

**Preferred E-Mail Address:** .....@kusms.edu.np

**Department:** ..... **Designation:** .....

**Contact No:** ..... **Date:** .....

**HOD/Coordinator/In-charge/CAO**

**Name:**

**Designation:**

**Signature:**

**Note:**

- ✓ IT Department is not backing up individuals email so user are responsible for backing up their individual emails.
- ✓ After the resignation or contract date is not renewable, Email will be automatically eliminated after one month without prior notice.
- ✓ All rules & regulations of DHKUH IT Department policy must be followed.
- ✓ Approval of HOD/Coordinator/In-charge/CAO is mandatory for email registration.

I agree with the above mentioned rules and regulations.

**Signature:** .....

***Official Use Only***

.....@dhulikhelhospital.org **(OR)** .....@kusms.edu.np

.....

**Issued By:**

**Name:**

**Date:**