



DHULIKHEL HOSPITAL
We Care

INSTITUTIONAL
E-MAIL REGISTRATION FORM
IT Department

Date:

Full Name :		
Department :		
Designation :		
Corresponding Email Address :		
Preferred Email Address :		@dhulikhelhospital.org
Contact Number:		
Director/ Head of Department		
Name:		
Designation:		Signature

Note:

1. IT Department is not backing up individuals email so user are responsible for backing up their individual emails and documents.
2. After the resignation or contract date is not renewable, Email will be automatically eliminated after one month without prior notice.
3. All rules & regulations of Dhulikhel Hospital IT Department policy must be followed.
4. **Approval from Director/HOD is mandatory for email registration.**

I agree with the above mentioned rules and regulations.

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Signature

Official Use Only.

Issued By: