



# Centre for e-Governance

## Academica Registration Request Form

Name 

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Employee ID 

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 (Ignore if not available)

Designation

Appointment Type ☐ Regular ☐ Temporary ☐ Project ☐ By Outsourcing ☐ Others

Department/Centre/  
Section Name

E-Mail ID

Mobile Number 

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PAN 

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Date of Birth 

d	d	m	m	y	y	y	y
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Date of Joining 

d	d	m	m	y	y	y	y
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Date

Signature

Recommended and forwarded

HOD / Director / Dean\*  
(Signature with seal)

\*Staff from Constituent College/Regional Campus has to get the signature from the respective Dean only  
All details are compulsory