

No. EDP/603/NIC/Email
O/o PCDA (BR)
Seema Sadak Bhawan
Ring Road, Naraina
Delhi Cantt.-110010.
Dated : 23/12/2014.

To

1. The CDA (BR) Guwahati
2. The JCDA (BR), Chandigarh
3. The PAO (GREF), Pune
4. All AO (P) & AO TF (as per standard list)
5. All Section (Main Office)

Subject : Creation of E-Mail at NIC server for all the officers under Border Roads Organization.

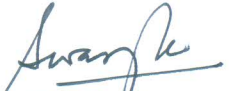
HQrs Office vide letter no. EDP/148/LTP/INTERNET/VOL-II dated 05/12/2014 has intimated that all the Officers (AAO & Above) under the organization of PCDA(BR) should have an E-mail id at NIC mail server for official use.

2. As such, it is requested that the enclosed application form (for bulk Email account creation) may be completed in all respects & forwarded to Main Office latest by 12/01/2015 through speed post for further action at this end. The application form is also available at NIC mail server i.e. **mail.gov.in**.

3. The officers already having an E-mail ID/ account at NIC mail server need not to apply/include in the above list of officers.

4. The matter may be treated as **Most Urgent**.

Encl: As Above


(K SWAMI)
AO (EDP)

National Informatics Centre	Internet Services	Internal Documents
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Government of India
Department of Information Technology, MCIT
NATIONAL INFORMATICS CENTRE

Application for Bulk E-Mail Account Creation for a complete domain/ a group of users

(Please read the instructions given in the reverse of this page. The completed application form, duly signed by the concerned Project Coordinator/HOD of the concerned NIC Cell, should be submitted to Support Center at "iNOC, NIC, A4B2 Bay, A-Block C.G.O. Complex"). Please use CAPITAL LETTERS.

1. Name of the Applicant*: _____
 (Dr./Mr./Ms. First name Middle Name Surname)
2. Designation*: _____
3. Min./Dept./Org*: _____
4. Address for correspondence*: _____

 City: _____ Pin Code: _____
5. Telephone Number: (O)* _____ (R) _____ Mobile*: _____
6. NIC E-mail address of the applicant*: _____

This is to declare that all the users listed along with this application form have been notified about the terms and conditions and they agree to abide by them. I shall be the single point of contact in case of any failure on their part. I have read the terms and conditions and I agree to abide by them.

Signature of Competent
 Authority of the Department
 with date and seal

Signature of the Applicant
 with date and seal

Account Category:
 Free/ Paid If free, on What Basis: _____
 If paid, Project No. : _____

Signature of NIC Coordinator/HOD/Delegated Admin
 with date and seal

Name & Designation: _____
 E-mail and Tel. _____

FOR OFFICE USE	
Billing Division(RR Section):	
File Number: _____	Signature
Payment Processed: Yes/ No	
User ID Creation:	
Assigned login ID: _____ Domain: _____	Signature of iNOC Incharge
Remarks(BO/PO): _____	
	Signature of the Operator
Name & Desig.: _____	

* Entries are mandatory and need to be filled.

List* of user names and/or designations in the format given next page are to be provided along with application form.

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