

ZAKIR HUSAIN DELHI COLLEGE

(UNIVERSITY OF DELHI)

E-mail Registration Form (Teachers)

First Name:	Middle Name :	Last Name :	
Faculty of :	Deparatment of :	Retirement Date :	
•	•		
		@zh.du.ac.in	
i lelelable L-mail ID		<u> </u>	•••••

We will try to allocate similar / same E-mail ID as you want / prefer.

NOTE:- Please attach a copy of Identity card/ Appointment letter issued by the competent authority of the College. Please write alternate E-mail address neatly as this is required to send the E-mail details of the user. Write to the sysadmin@zh.ac.in for query, service request after getting the official E-mail address.

For policies and other queries please visit http://download.du.ac.in/email-policies.html (DU Internet only)

USERS Undertaking:-

- ❖ I, hereby, undertake that I will take No-Dues certificate before leaving the College.
- ❖ I will be fully responsible for any use/misuse of the E-mail account allocated to me.
- ❖ I allow College authority to suspend allocated E-mail account in case of any complaint of misuse.

Signature of the Use With date

Signature of the Principal