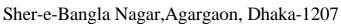


National Institute of Neurosciences & Hospital





Application for Opening E-mail Account

(Professor/Associate Professor/Assistant Professor/Doctors only)
Please send the filled form to Director/Joint Director Office

All fields are mandatory (All Field fi	illed up in Block Letter)	
Employee ID	:	
Name	:	
Designation	:	
Department	:	
Room No.	:	
Cell No.	:	
Current Email (will be used to provide information about newly created email)	:	
Expected email account (letters with number)	:	@nins.gov.bd
Signature of applicant Date:	Approved by	
Joint Director (NINS)		Director (NINS)