

Email ID: nodalhealth@mp.gov.in

Madhya Pradesh State e-Mail Services

Application for Creation of New e-Mail Account (for individual user - Free) **Personal email ID (Y)**
(Please read the instruction given in the reverse of this page. The completed application form should be duly forwarded by the concerned Office Head / Nodal Officer (e-mail services) of the concerned department.)

Please use CAPITAL LETTERS.

1. Name of the applicant*:
(Dr./Mr./Ms. First Name Middle Name Surname)

2. Date of Birth*DD/MM/YYYY:

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3. Designation*:

4. Min./Dept./Org*:

a. Ministry / Department : **Public Health & Family Welfare Department**

b. Organization/ HOD Office: **CMHO/Civil Surgeon Office,**

5. Aadhaar Number: **Emp. Code No:**

6. Address for correspondence*: **CMHO/Civil Surgeon Office,**
City..... Pin Code:*

7. Telephone Number : (O)* **Mobile***

8. Preferred email id:** a).....

9. Alternate e-mail address for correspondence*:

10. Date of Retirement/Completion of Contract *DD/MM/YYYY:

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This is to declare that I have read the terms and conditions and I agree to abide by them.

Signature of Respective Office Head/ HOD
of the Department with date and seal

Signature of Applicant

The above applicants is employee/ Contractual with our department /sub-ordinate office of our department that draw its funds from the consolidate fund of Govt. of M.P.***

***Signature of Nominated Nodal Officer

With date and seal

Name & Designation.....

E-mail and Tel.....

FOR ADMIN OFFICE USE

User ID Creation:
Assigned login ID: Domain: mp.gov.in
Remarks (BO/PO:

Signature of Admin.
Name & Design.

* Entries are mandatory and need to be filled. ** The login ids will be generated based on the guidelines issued under email address policy. A Suffix may be added to make the email id unique across the domain *** As per guidelines issued under the e Mail policy

Email ID: nodalhealth@mp.gov.in

Madhya Pradesh State e-Mail Services
Application for Creation of New e-Mail Account (for individual user - Free)
Designation based email ID (Y)

(Please read the instruction given in the reverse of this page. The completed application form should be duly forwarded by the concerned Competent Authority / Nodal Officer (e-mail services) of the concerned department.) **Please use CAPITAL LETTERS.**

1. Min./Dept./Org* / : **Public Health & Family Welfare Department [CMHO/Civil Surgeon Office]**

2. Full Designation* :

3. Office Location:
(Division, District, Tehsil/ Block , Gram Panchayat/ Urban Local Body)

4. Telephone Number : (O)* (mobile*)

5. Preferred designation based email id** : a), b)

Authorized User's Credential

6. Name of the delegated user* : **P.C Thomas**

(Dr. /Mr. /Ms. First name Middle Name Surname)

7. Address for correspondence* : - **4th Floor, Satpura Bhawan, Bhopal [M.P] 462004**

8. City: **Bhopal** District: **Bhopal**

9. Full Designation* : **Link Nodal Officer**

10. Min./Dept./Org* / : **Public Health & Family Welfare Department**

a. Organization/ HOD Office: **Directorate of Health Services, Satpura Bhawan, Bhopal**

11. Contact Number* : **0755-2527139, 9425303210**

12. e-mail address for correspondence* : **nodalhealth@mp.gov.in**

This is to declare that I have read the terms and conditions and I agree to abide by them. The above authorized user for this mail id is employee/ Contractual with our department /sub-ordinate office of our department that draw its funds from the consolidate fund of Govt. of M.P.***

Signature of Respective Office Head/ HOD
of the Department with date and seal

Signature of Applicant
with Name & date

FOR ADMIN OFFICE USE

User ID Creation:

Assigned login ID: Domain: mp.gov.in

Remarks (BO/PO:

Signature of Admin.
Name & Design.

* Entries are mandatory and need to be filled. ** The login ids will be generated based on the guidelines issued under email address policy. A Suffix may be added to make the email id unique across the domain *** As per guidelines issued under the e Mail policy. Please check the policy @ _____