

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
THIRUVANANTHAPURAM – 695011, INDIA
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Computer Division

Request for Cloud Storage account

Staff / Student Code	
Name	
Designation	
Period for the account	Date from : _____ Date upto : _____
Purpose [Tick applicable]	Academic / Official / Research / Project If Project, mention Project No:
Contact Number	

Terms and Conditions

- For project; Principal Investigator has to apply for the account. Only one account allocated for a project.
- Cloud storage is only for storing documents related to Academic / Research / Official / Project work. Duplicate, Non relevant documents to be avoided.

Undertaking

- The account will be utilized to store only important files applicable to my Academic/Official / Research /Project work.
- I will not be sharing official /confidential documents to others and will take extra care on sharing the files .

Signature of applicant :

Date :

For Computer Division Use

Account Created by	
Account Created on	
Signature	