

**Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum**  
**Computer Division**

**e-Office Account Creation/Modification Request Form**

Kindly fill the following details and submit the form to Computer Division

<b>S. No</b>	<b>Details</b>	<b>Information to be filled in e-Office</b>
1.	Employee Code	
2.	Name of the Employee in full	
3.	Designation	
4.	Temporary/Permanent Employee	
5.	Date of Birth	
6.	Gender	
7.	Date of joining in SCTIMST	
8.	Date of joining in present Section	
9.	Mobile Number (Active)	
10.	Office Email ID	
11.	Section	
12.	Post	
13.	Marking Abbreviation	
14.	Reporting Officer name and designation	
15.	Existing e-Office Seat/ Marking Abbreviation (if available)	
16.	Migration of Files and Receipts of existing e-Office account to modified account is required	Yes / No / Not Applicable (For new account creation)

Verified and Approved by

Signature of the Employee

Signature of Reporting Officer

Date:

Name & Designation :

Date:

**For the use of Computer Division**

e-Office Seat ID : \_\_\_\_\_ e-Office Account created on : \_\_\_\_\_

Status of migration of Files and Receipts of existing e-Office account to modified account : \_\_\_\_\_

e-Office Account created by : \_\_\_\_\_

Name and signature of e-Office Administrator: \_\_\_\_\_