User Registration Form

1. Name	
2. Department	
3. Date	
4. Request For: (Please Tick Appropriate Option)	
Network ID:	
• Mail ID:	
For Transfer of Account:	
Mail files required to be transferred:	
5. Access to the ID until	
From: To:	
6. Allow Access to Software/System (Please tick one)	
Intranet Y N Internet Y N E-mail Y N	
Other accesses: Please specify	
Date of Joining in ONGC:	
Present Posting:	
Date of Joining present Position:	
User:	
Date:	
Signature:	
Approved By:	
Head of the Department Date:	Functional Head Date:
Signature:	Signature:
Authorization by Head/ I/c Infocom (For Network/Email ID Creation):	
Date: Signature:	
Name: Date: Completion: Signature:	Login ID Email ID