

PMAS-Arid Agriculture University Rawalpindi			
Faculty Email Proforma DITS-Office			
		Date:	
Department:		Faculty:	
Name:		Designation:	
Ext Number		Cell#	
Existing Email ID:			
Preferred Login			
	Option: 01		
	Option: 02		
	Option: 03		
User Signature		Dean/Director Signature	
Directorate of IT Service (DITS) (Office Use Only)			
Order#		C. Date:	
User Name:			
Groups Assigned:			
Signature of IT Official:			
System/ Network Administrator		Addl. Director (DITS)	
/			

Please Note:

§ Directorate of IT Services is in no way responsible for loss of any data.

§ Your mailbox is your liability and you are to maintain it.

§ If any e- mail originates from your account, you would be responsible for the content and in case of any unsolicited e-mail; a stern action would be taken against the user from whose account e-mail was sent.

§ If yours is an official e- mail address, please do designate a person who manages your account. That person only should know the password.

§ Your account may be blocked immediately if any misuse is reported.