



# Rabindra Bharati University

56A, B.T. Road, Kolkata - 700050

## Email Account Registration Form

Name (BLOCK Letters) \_\_\_\_\_

Department: \_\_\_\_\_

Email Address : \_\_\_\_\_ Mobile: \_\_\_\_\_

(Active ID to be given)

(Active No.)

For Ph.D. Scholars Only	Documents to be submitted
Session: _____ Year of Registration / Prov. Registration: _____ SUIN: _____ Expected Date/Year of completion: _____	1. Photo copy of valid University I. Card and 2. Last paid Fee Receipt.

### TERMS&CONDITIONS

1. For authentication the User ID & Password will be given only through the Email address given above.
2. It is mandatory to change the password after FIRST LOGIN.
3. The User shall remain solely responsible and accountable for any type of misuse of his/her account. Any kind of misuse will lead the account to be deactivated whenever needed.
4. Any kind of misuse may lead to legal consequences as per IT ACT 2000 and 2008, etc.
5. All actions on internet are punishable in the same manner as if done in the physical space.

### UNDERTAKING

1. I undertake that I would keep my password secret and I also understand that it is my responsibility to maintain its secrecy and I assume full responsibility for the same from the moment the password is given to me.
2. I also understand that if an unauthorized person accesses the account on my password, I will be called to question and would have to own responsibility for the same. I have put my signature onto this application form to acknowledge this accountability/responsibility.

I declare that I have read and understood the instructions and also undertake to abide by all the above rules and regulations.

(Signature of the Supervisor with date)

(Signature of the applicant with date)

Name of the Supervisor: \_\_\_\_\_

Countersigned by  
Head of the Dept/Controlling Head with date and Seal

### For Office Use Only

Email ID Assigned: \_\_\_\_\_

Temporary Password: \_\_\_\_\_

Information Scientist