

MATRUSRI ENGINEERING COLLEGE
16-1-486, SAIDABAD, HYDERABAD – 500 059

Application for Organization Email-ID Individual		
Name of the Teaching staff		Paste your photo here
Designation		
Department		
USER-ID		
Contact Number		EID:
Email for communication		DOJ:
I hereby declare that the aforesaid E-mail User –ID belong to me		
Signature of Applicant Date:		
Signature of Head of the Dept. Date:		
SIGNATURE OF THE PRINCIPAL <input type="checkbox"/> SANCTIONED <input type="checkbox"/> NOT SANCTIONED		
OFFICE USE ONLY		
USER ID:		
PASSWORD:		
ISSUE DATE:		
HELP: support@mtrusri.edu.in		

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Application for Organization Email-ID Group of Members		
Name of the Applicant initiating the Group:		Paste your photo here
Designation :		
Department:		
Contact Number:		
Purpose :		
Number of pages attached with this application:		
<p>I hereby declare that the aforesaid information is true and verified .It is completely my responsibility for the enclosed list of email-id's.</p> <p style="text-align: right; margin-right: 50px;">Signature of Applicant</p> <p style="text-align: right; margin-right: 50px;">Date:</p>		
<p>Signature of Head of the Dept.</p> <p>Date:</p> <p style="text-align: right;">SIGNATURE OF THE PRINCIPAL</p> <p style="text-align: right;"><input type="checkbox"/> SANCTIONED</p> <p style="text-align: right;"><input type="checkbox"/> NOT SANCTIONED</p>		
OFFICE USE ONLY		
<p>USER ID:</p> <p>PASSWORD:</p> <p>ISSUE DATE:</p> <p>HELP: support@mtrusri.edu.in</p>		

<u>S.no</u>	<u>Std-id/Emp-id</u>	<u>Required Email</u>	<u>Dept</u>	<u>Signature</u>

Signature of Head of the Dept.

Date:

SIGNATURE OF THE PRINCIPAL