

Kerala Agricultural University
Application for Organisational eMail-ID

(To be submitted to the Head of Office)

1	Name (Initials last, without full stop or comma. Avoid space between multiple initials. Include Dr./Prof. etc. after the initials. Eg. 'Dr.No Name X.Y' as 'No Name XY Dr.')	
2	Surname/expansion of initials, if any (In case of necessity, this will be made a part of the ID)	
3	PF Account No.	
4	Sex	<input type="radio"/> Male <input type="radio"/> Female
5	Date of Birth (dd/mm/yyyy)	
6	Place of Birth/Home Town	
7	Date of Entry in KAU service (dd/mm/yyyy)	
8	Designation	
9	Station/Unit attached to	
10	Personal Mobile No. (10 digit mobile No., do NOT add +91 or 0)	
11	Work Mobile No. (10 digit mobile No., do NOT add +91 or 0)	
12	Work Phone No. (Include NSD code also, including 0)	
13	Work Fax No. (Include NSD code also, including 0)	
14	Alternate personal eMail-ID, if any (If provided, password will be sent to this ID)	
15	Home Address (Provide each field in a separate line, limit to five lines)	
16	Home Phone No. (Include NSD code also, including 0)	

Certificate

I hereby certify that the above details are true to the best of my knowledge and belief.

Place:

Date:

(Signature of the Employee)

For Office use

The application has been verified with available records and found correct. The details have been correctly uploaded to the website on ___/___/___

Place:

Date:

(Signature of the authorised officer with name and designation)