

**RESET FORM FOR NIC E-MAIL**

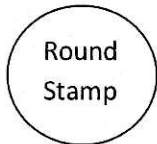
Please provide below mentioned details for the email id whose password and mobile no is to be registered.

Ser No.	Parameters	Existing Details	Changes Req'd	Remarks
01	Email			
02	Name			
03	Designation			
04	Department			
05	Office Address			
06	Office Landline No.			
07	Mobile No.			
08	Date of Birth			
09	Date of Retirement			
10	Last Login Details of Email Id			

Reason for forwarding Reset Form : .....

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Place :

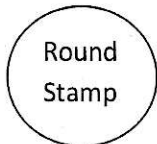


Date :

Signature of User

**COUNTERSIGNATURE**  
**(IO / STN CDR)**

Place :



Date :

**FORM FOR MAC BINDING**

Please provide below mentioned details of user and send on [web-it@echhs.gov.in](mailto:web-it@echhs.gov.in) :-

Ser No.	Parameters	Existing Details	Change Reqd	Remarks
01	Full Name			
02	Category : COECHS/ RC/ PC/ RO/ STNHQ			
03	Mobile No.			
04	User ID			
05	MAC Address			
06	Location (Name)			
07	Email ID			

Reason for change : .....

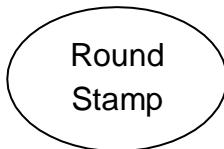
.....

Place : 

Date :

Signature of User

**COUNTERSIGNATURE**  
**(IO / STN CDR)**

Place : 

Date :