EMAIL ADDRESS REQUEST FORM FOR OFFICES

ICT (Information and Communication Technology) Cell, University of Dhaka

Ref. No: **909**

OFFICE INFORMATION

Office Name	:	Department of Pharmacy
Office Address	:	pt. of Pharmacy, Faulty of Pharmacy, University of Dhaka, (Curzon Hall), Dhaka-1000
Office Phone	:	8120,8121

EMAIL USER

Name of User	:	Dr. Firoj Ahmed
Designation of User	:	Professor
Employee ID	:	FMPRM20027
Mobile	:	01711972965
Existing Email	:	firoj72@du.ac.bd

REQUESTED EMAIL

Requested Email id(s)	:	**exam.pharmacy3@du.ac.bd**
Purpose of this email address	:	

DECLARATION

I hereby take the full responsibility of the authenticity of the information provided in this form. The administration of the University of Dhaka or the ICT Cell shall not be held responsible if any of the aforementioned information is found forged/incorrect.

N.B. The email account will be activated after two working days from receiving this application form ICT Cell.

Applicant	**Head of Office**	**Director**
Signature and Date	Signature, Date and Office Seal	ICT Cell, University of Dhaka