



PATEL HOSPITAL
A Project of Patel Foundation
Internal E-mail Registration Form



Date: _____

User Registration

Employee Id : _____

Employee Name : _____

Department: _____

Purpose(s):

Assigned ID: _____ @patel-hospital.org.pk (Only for IT department use)

REQUEST RAISED BY: _____ **SIGN:** _____

IN CHARGE SIGN: _____ **DEPARTMENT:** _____

For I.T Department Only:

COMMENTS: _____

RECEIVED BY: _____ **SIGN:** _____

HOD Sign: _____ **DATE:** _____