## Government of Puducherry <u>DIRECTORATE OF INFORMATION TECHNOLOGY</u>

## e-Office User Deactivation request form

a)	Department Name	:
b)	Office Name	:
c)	User Name*	:
d)	Designation	:
e)	Date of Birth	:
f)	Superannuation date*	:
g)	e-mail address*	:
h)	Mobile No*	:
i)	<b>Reason for deactivation</b> (✓ Tick the appropriate check box):	
	Superannuation	Deceased
	☐ Voluntary Retirement	Compulsory Retirement
	☐ Invalid Service	Others (Please Specify)
exp	Kindly deactivate the a pired for the reason stated.	bove User ID in e-office, since the service period has
ver	This is to declare and orified to the best of my know	confirm that the information provided above has been ledge and belief.
*Ki	ndly submit the relevant orde	r copy with this form.
Date :		Signature of Nodal Officer
Place:		With Office Seal