Outward No: **Date:** DD / MM / YYYY

IPS/IBS USER REQUEST FORM

REVENUE OFFICERS

I hereby certify that undersigned officer uses the following IPS/IBS User ID & password, only by him/her and it will never be shared with anyone. I fully understand that misuse of my User ID will be my sole responsibility. I will also be responsible to inform O/o Manager (MIS) at once, upon transfer or change of assignment.

Form Reason:

New User: ☐ Change User: ☐ Password Reset: ☐ LockUser: ☐

Payroll Code: _____

Name: _____ **Father Name:** _____

(Block Letters)

Designation: _____ **BPS:** _____

Present Place of Posting: _____

Contact: _____ **Email ID:** _____

_____

Signature and Stamp

For HCC Use Only:

Software	Name Of Office	User Name Allotted	Role Assigned
IPS/IBS			REVENUE OFFICER

_____ _____ _____

Approved By **Created By** **Date**