RESET FORM FOR NIC E- MAIL

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

Email Id:	@echs.gov.in
Name:	
Designation:	
Department:	
Office address:	
Office Landline number:	
Mobile no:	
Date of retirement:	
Last Login Details of Email id:	
Current Problem user is facing Details of user who applied for As above mention details are m id.	
Round Stamp	(Sig of User)