SPARK FORM NO.2

NOMINATION/ CHANGE OF NOMINATION OF DEPARTMENT MANAGEMENT USER (DMU)

(To be furnished by the Head of Department to Kerala State IT Mission)

1	Name of Department	
2	Name of the existing DMU (Write NIL if requesting for ID for the first time)	
3	PEN of the existing DMU (Write NIL if requesting for ID for the first time)	
4	Reason for change	

Details of newly nominated DMU

5	Name	
5	PEN	
7	Designation	
8	Name of office	
9	Place of office	
10	Post Office	
11	District	
12	PIN Code	
13	Office Phone Number	
14	Residence Phone Number	
15	Mobile Phone Number	
16	eMail ID	

Place:

Date:

Signature Name &
Designation of the Head of Department

To

The Director
Kerala State IT Mission
ICT Campus, Vellayambalam
Thiruvananthapuram