



Password Reset Form

ACC Name _____	Branch _____
<input type="checkbox"/> e-Stamping system	<input type="checkbox"/> e-Registration Fee system
User ID _____	
Reason for Password Reset (Select)	
<input type="checkbox"/> User ID Frozen	<input type="checkbox"/> Forgot Password
<input type="checkbox"/> Change of ID owner(for location based ID)	
Name of the User _____	
Employee Code _____	Designation _____
Address/ Location _____	

State _____	Pin Code _____
Contact No. _____	Mobile _____

The Information given by me in this form is true to the best of my knowledge and belief.

User Signature: _____ **Date:** _____ **Place:** _____

For Branch Head and above

Name: _____ **Signature :** _____

Date: _____ **Place:** _____

ACCs are requested to scan this completely filled form and mail / fax to the Nodal Officer of the State

1. All the fields in the Password Reset Form (PRF) are mandatory.
2. PRF should be duly stamped and authorised by the ACC's authorised officer.
3. Kindly abstain from reuse /misuse of already used PRF.

Time for processing Request for Password Reset

Day	Timings
Monday to Friday	9.45 am to 5.00 pm *

* All requests received after 5.00 pm will be processed on next working day.

FOR OFFICE USE ONLY

Password Reset By		Emp. Code		Signature	
Authorised By		Emp. Code		Signature	
Date		Remarks			