



**Password Reset Form**

ACC Name		Branch	
<input type="checkbox"/> e-Stamping system		<input type="checkbox"/> e-Registration Fee system	
User ID			
<b>Reason for Password Reset (Select)</b>			
<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			