CHITTAGONG PORT AUTHORITY

Electrical Department

Terminal Operating System (TOS)

APPLICATION FORM FOR TOS USER ID & PASSWORD

1. TOS User Information:

Full Name	
Organizational Designation	
Department / Section	
National ID (NID) No.	
Port Employee ID	
Mobile Number	
Official Email Address	

2. Required Attachment Documents (Attested Photocopy):

- User's National ID (NID) Card
- User's Port Employee ID Card

Declaration: I hereby certify that the information provided above is true, accurate, and complete. I understand that any access credentials provided under this application are strictly confidential and intended solely for official port operations.

3. Authorizations & Approvals:

_____

Applicant's Signature
Date: ____ / ____ / 20___

_____

Departmental Head/Deputy Departmental Head
(With Official Seal & Designation)
Date: ____ / ____ / 20___

NB: Please change the default password instantly.