



अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Saket Nagar, Bhopal (M.P.) – 462020

Application for Creation of New e-Mail Account / e-Office use

(Please read the instruction given in the reverse of this page. The completed application form should be duly forwarded by the concerned Office Head / Nodal Officer (e-mail services) of the concerned department.)
Please use CAPITAL LETTERS.

1. Name of the applicant*: _____
(Dr. /Mr. /Ms. First name Middle Name Surname)
2. Date of Birth*DD/MM/YYYY:

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3. Designation*: _____
4. Min./Dept./Org*/
 - a. Ministry / Department _____
 - b. Organization/ FOD Office _____
5. Aadhaar Number: _____
6. Joining Date: _____
7. PAN No: _____
8. Employee Status: Permanent/Contractual/Outsource
9. Address for correspondence*: _____

City _____ Pin Code:* _____
10. Telephone Number : (O)* _____ (R) _____ Mobile* _____
11. Alternate e-mail address for correspondence*: _____

This is to declare that I have read the terms and conditions and I agree to abide by them.

Signature of the Applicant

FOR IT OFFICE USE	
User ID Creation:	
Assigned login ID: _____	Domain: _____
Employee Id: _____	
Remarks _____	
Name & Design: _____	Signature of IT Incharge