



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH
अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश

APPLICATION FORM FOR THE CREATION OF E-OFFICE ACCOUNT

Note: Application form should have filed in CAPITAL LETTERS only.

1. Employee Code:
2. First Name:
3. Last Name:
4. Gender: MaleFemale.....
5. Designation:
6. Department/Section:
7. Date of Birth:/...../.....(DD/MM/YYYY)
8. Date of Joining:/...../.....(DD/MM/YYYY)
9. Date of Retirement:/...../.....(DD/MM/YYYY)
10. Mobile No:
11. Institute/Government email id(if any):
12. Name of Reporting officer/HoD:

Sign of the Employee

Sign & Stamp of Reporting Officer/HoD

Note : Kindly enclosed the both side Copy of ID Card.

For use of IT Cell only

It is Certified that:

- a) All above particulars have been verified from their official records.
- b) Applicant's credentials and authenticity have been verified.

Name & Sign of Verifying Staff

**Office In-charge (IT)
Date & Stamp**