



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAIPUR

USER ACCOUNT & OFFICIAL EMAIL ID CREATION FORM

1. Applicant Details

Full Name: _____

Designation: _____

Department / Unit: _____

Mobile Number: _____

Alternate Email ID: _____

2. Purpose for Email ID Creation

Select	Purpose Category	Justification
<input type="checkbox"/>	New Employee Requirement	
<input type="checkbox"/>	Departmental / Research Work	
<input type="checkbox"/>	Administrative / Official Duty	
<input type="checkbox"/>	Special Project / Committee Work	
<input type="checkbox"/>	Service-Based Requirement (e.g., Portal access)	
<input type="checkbox"/>	Others (Specify):	

Additional Justification (if required):

3. Declaration by Applicant

I hereby declare that the information provided above is correct. I understand that the official email ID allocated to me is strictly for official use and I shall comply with all IT & Cybersecurity guidelines of AIIMS Raipur.

Signature of Applicant: _____

Date: _____

4. Faculty Incharge (IT) Verification

Status: Verified / Not Verified

Remarks (if any): _____

Signature: _____

Seal: _____

Date: _____

5. Approval by Deputy Director (Administration)

Status: Approved / Not Approved

Remarks (if any): _____

Signature: _____

Seal: _____

Date: _____

6. Approval by Director, AIIMS Raipur

Status: Approved / Not Approved

Remarks (if any): _____

Signature: _____

Seal: _____

Date: _____

7. For IT / Cybersecurity Division Use Only

Email ID Created: _____

System Administrator Name: _____

Account Activation Date: _____

Remarks: _____

IT Department Seal: _____

Date: _____



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAIPUR

Undertaking for Use of Official AIIMS Raipur Email ID

UNDERTAKING

I, _____,

Designation: _____,

Department: _____,

Official AIIMS Raipur Email ID: _____,

hereby acknowledge and undertake the following:

1. I understand that the official email ID provided to me by AIIMS Raipur is for **official/administrative purposes only**.
2. I shall be solely responsible for all emails, communications, documents, data, or content generated, created, shared, or sent using my assigned AIIMS Raipur email ID.
3. I agree that any misuse, unauthorized communication, data sharing, or violation of institutional policies using the above-mentioned email ID will be my **personal responsibility** and may result in disciplinary or legal action as per AIIMS Raipur rules.
4. I will ensure the **confidentiality and security** of my login credentials and shall not share my password or allow unauthorized access to my email ID.
5. In case of any suspicious activity, compromise, or loss of access, I will **immediately inform** the Cybersecurity/IT Department of AIIMS Raipur.
6. I hereby confirm that I have read, understood, and agree to abide by all the above conditions regarding the use of my official email ID issued by AIIMS Raipur.

Date: _____

Place: Raipur, Chhattisgarh

Signature of User