



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 : _____

Date of Joining : _____

** Joining order must be with the applicant*

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

5. Approval by Deputy Director (Administration)Status **Approved** / **Not Approved**

Remarks (if any) _____

Signature**6. Approval by Director, AIIMS Raipur**Status **Approved** / **Not Approved**

Remarks (if any) _____

Signature**7. For IT / Cybersecurity Division Use Only**

Email ID Created : _____

System Administrator Name : _____

Account Activation Date : _____

Remarks : _____

IT Department Seal:**Date:** _____