

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI**

**Computer Facility**

**In House Applications ID Creation form**

<b>Centre Name/Block Name</b>	
<b>Department/Section/Office Name</b>	
<b>Employee Code</b>	
<b>Employee Full Name (In Capital letters)</b>	
<b>Gender</b>	
<b>Designation/Joined as</b>	
<b>MCI Number</b>	
<b>Modules Applicable / Roles Needed</b>	<ul style="list-style-type: none"><li><input type="radio"/> eMLC</li><li><input type="radio"/> eBirthNote</li><li><input type="radio"/> eDeath Note</li><li><input type="radio"/> PDS</li><li><input type="radio"/> Pathology reports</li></ul>
<b>Date of Retirement / Contract Termination/Tenure completion</b>	
<b>Mobile Number</b>	
<b>Email Id</b>	
<b>Employee's Signature</b>  To certify that all above given information is true	

Duly Forwarded By: Head of Department/Section/Office  
(Signed and Stamped)

**Note: Kindly send completely filled application form through eoffice to Professor In Charge, Computer facility, AIIMS, New Delhi**