



अखिल भारतीय आयुर्विज्ञान संस्थान पटना
ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

Request Type: HMIS ID Creation

HMIS ID Exit / Deactivation

Name: _____

Designation: _____

Department: _____

Email Address: _____

Mobile Number: _____

Biometric ID: _____

Posting Area: _____

Permanent /Contractual: _____

(Active ID/Mobile number and Email to Be Given)

Term and Condition

- For Authentication user ID and Password Only Given through the given email address.
- It is mandatory to Change the password after First Login
- IT Department shall not share any information with anyone Unless Authorized
- The User shall Solely Responsible and accountable for any type of misuse of His/her HMIS ID Account any kind of misuse lead to HMIS ID deactivated whenever needed
- Any Kind of misuse may lead to legal consequences As per IT ACT.

Undertaking

- I Undertake I would we keep my password secret and also understand that it is my responsibility to maintain it secrecy and I assume full responsibility for the same from the moment the password is given to me.
- I also understand that is any unauthorized person access the HMIS ID.I will called fro question and would have to own responsibility for the same. I have put my signature onto this application form to acknowledge this

I declare that I have read and understood the instruction and also undertake to abide by all the above rule and regulations.

(Signature of the Applicant with date)

Forwarded By:

(Head of the department/Controlling Head with date and Seal)