



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI

Form for Applying HMIS-ID

(Please use CAPITAL LETTERS)

Employee ID
(Given by establishment Section) :

Name of the Applicant

First Name:

Last Name:

Gender :

Designation :

Department :

Area of Working :

Date of Birth :

**Date of Joining the
Institute** :

E-Mail ID :

Contact No. :

Please Fill Online Form through below link before Submit this form to concern authority

tinyurl.com/2dyhti6m

Filled online form (YES/NO) :

Signature of Applicant

Role Master / Rights to be given:
(To be filled by HOD)

Sign of the HOD:

Sign of Fac I/C HMIS