

:

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Mangalagiri, Andhra Pradesh

F. No: AIIMS/MG/Admin/Committee Matters/04/2020-21/ 279

Dated 25/01/2021

OFFICE MEMORANDUM

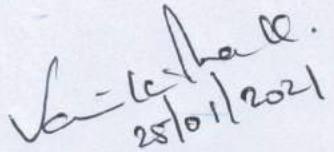
Subject: Notification of official Email Policy, AIIMS, Mangalagiri.

Ref: Note from IT cell approved by Director vide AIIMS/MG/MS/CDAC/2020-01/01.

The following are the guidelines for the creation and deactivation of official Email IDs:

1. At the time of joining and relieving of any employee, a copy of the appointment order shall be marked to IT cell henceforth by the establishment section for creation and updating of email/website content/HMIS ID etc.
2. Any employee desirous of obtaining official email id on aiimsmangalagiri.edu.in domain has to fill in the application form enclosed as Annexure and send the same to itcell@aiimsmangalagiri.edu.in.
3. The students and residents emails will be created after taking prior permission from office of the Dean by IT cell.
4. The email IDs will be deactivated at the time of issuing No Dues certificate, unless prior approval of the competent authority is sought for stipulated time of request.
5. Apart from employee emails, whosoever needs an official email ID for any committee matters/for coordinating any event or occasion, the same form need to be filled indicating the purpose, along with the official Name & Designation of the applicant. The filled in form should be submitted in the office of Director. Only after obtaining prior approval of Director, such email IDs shall be created by the IT cell.

This issues with the approval of Director AIIMS Mangalagiri.


25/01/2021

(Dr. K. Vamsi Krishna Reddy)

Administrative Officer

Administrative Officer
AIIMS, Mangalagiri

Copy to:

1. The Director, AIIMS Mangalagiri.
2. Dean/MS/DDA/FA/HoDs of AIIMS Mangalagiri.
3. IT cell for website uploading.
4. Guard file.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI

IT CELL

Format of Applying for E-Mail ID on aiimsmangalagiri.edu.in Domain

Name of the Applicant :

Designation & Nature of Appointment :
(Permanent/Ad-hoc/Contract/ Deputation etc.)

Department :

Date of Birth :

Date of Joining the Institute :

Desired E-Mail ID :

Alternate E-Mail ID :

Contact No. :

(Signature of Applicant)

(Signature of Head of the Department)