



IT CELL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES,
MANGALAGIRI

Format of Applying for HMIS-ID & E-Mail ID on www.aiimsmangalagiri.edu.in

(Please use CAPITAL LETTERS)

Employee ID :

Name of the Applicant

First Name:

Last Name:

Designation :
(Faculty/Officer only)

Department :

Date of Birth :

Date of Joining the Institute :

Desired E-Mail ID : _____@aiimsmangalagiri.edu.in

Existing E-Mail ID :
(Password will be sent in this)

Contact No. :
(This will be the recovery number)

(Signature of Applicant)

Head of the Department

Dean (Academic)

Director & CEO