



**IT CELL**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,**  
**MANGALAGIRI**

Format of Applying for E-Mail ID on [www.aiimsmangalagiri.edu.in](http://www.aiimsmangalagiri.edu.in)

(Please use CAPITAL LETTERS)

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**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**

**IT Cell**

**Dean (Academic)**

**Director & CEO**