All India Institute of Medical Sciences, Mangalagiri

అఖిల భారత వైద్య విజ్ఞాన సంసథ, మంగళగిరి

अखिल भारतीय आयुर्विज्ञान संस्थान, मंगळगिरि

A Central Autonomous Body under PMSSY, MoH&FW

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

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(Please use CAPITAL LETTERS and fill all the fields)

Employee ID: _____

First Name: _____

Last Name: _____

Designation: _____

Department: _____

Date of Birth: _____

Date of Joining the Institute: _____

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

(To be finalized by I.T Cell)

Existing E-Mail ID: _____

(Password will be sent to this email)

Contact Mobile No.: _____

(This will be the recovery mobile number)

_____ _____

Head of the Department (Signature of Applicant)

_____

Deputy Director (Administration)

_____ _____

IT Cell Assigned Email ID