



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

(An Institution of National Importance under Ministry of Health & Family Welfare)

भारतसरकार/ Government of India

आरोग्यम परमं सुखम्

## Email Registration Form

First Name (In Block Letter) \* \_\_\_\_\_

Last Name: \* \_\_\_\_\_

D.O.J: (DD/MM/YYYY) \* \_\_\_\_\_

Mobile No: \* \_\_\_\_\_

Secondary email: \* \_\_\_\_\_

Department/Section (In Block Letter): \* \_\_\_\_\_

Designation (In Block Letter): \* \_\_\_\_\_

### Terms & Conditions:

Note: (\*) All fields are required.

1. The email id will be used in favor of the institution.
2. It is mandatory to change the password after first LOGIN.
3. IT Department shall not share any user information with anyone unless authorized.
4. The user shall remain solely responsible and Accountable for any type of misuse of email from his/her accounts any kind of misuse will lead to account to be deactivated whenever needed.
5. Any kind of misuse may lead to legal consequences as per IT ACT 2000 and 2008, etc.
6. Submit email ID to IT Department while taking no dues in case of leaving the institution.

### Undertaking:

1. I undertake that I would keep my password secret and I also understand that it is my responsibility to maintain its secrecy and I assume full responsibility for the same from the moment the password is given to me.
2. I also understand that if an unauthorized person accesses the email Id, I will be called to question and would have to own responsibility for the same. I have put my signature onto this application from to acknowledge this responsibility.

I declare that I have read and understood the instructions and also undertake to abide by all the above rules and regulations

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Signature of applicant with date

Verified by  
IT Department

Forwarded by  
Head of Dept/Controlling head with seal

### For IT Department Use only

Form No. \_\_\_\_\_

Date: \_\_\_\_\_

Email ID Assigned: \_\_\_\_\_

Temp Password: \_\_\_\_\_