

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI**

**Computer Facility**

**eHospital Id Creation/Updation/Transfer Form**

<b>Centre Name</b>	
<b>Department/Section/Office Name/Ward</b>	
<b>Employee Name (IN CAPITAL LETTERS)</b>	Dr/Ms/ Mr/ Mrs:
<b>Gender</b>	
<b>Designation and Date of joining</b>	
<b>Existing eHospital Id(s), if any</b>	
<b>Roles needed (Only tick applicable roles and strike out the others)</b>	<ul style="list-style-type: none"><li><input type="radio"/> Patient Registration</li><li><input type="radio"/> Lab Module<ul style="list-style-type: none"><li><input type="radio"/> Barcode generation</li><li><input type="radio"/> Report entry</li><li><input type="radio"/> Report verification</li></ul></li><li><input type="radio"/> Imaging &amp; PACS</li><li><input type="radio"/> Admission/Discharge/Transfer</li><li><input type="radio"/> Sub-Store (For Indenting/ 1<sup>st</sup> level verification)</li><li><input type="radio"/> Store and Inventory (For Main Store)</li><li><input type="radio"/> Billing<ul style="list-style-type: none"><li><input type="radio"/> Cash Counter</li><li><input type="radio"/> MSSO</li></ul></li><li><input type="radio"/> Administration<ul style="list-style-type: none"><li><input type="radio"/> Patient Administration( For MRD)</li></ul></li></ul>
<b>In case of Transfer then please mention</b>	<b>Transfer from:</b> <b>Transfer To:</b>
<b>Additional Information For Lab employees</b>	<b>Name of lab, location and room no.:</b>
<b>Additional Information For Indent purpose</b>	<b>Name of Sub store:</b> <b>Officer Name for First level verification:</b>
<b>Date of Retirement / Contract Termination/Tenure completion</b>	
<b>Mobile Number</b>	
<b>Email Id</b>	
<b>Employee's Signature:</b> To certify that all above given information is true	

Duly Forwarded By: Head of Department/Section/Office  
(Signed and Stamped)

**Note: Kindly eoffice completely filled application form through proper channel to professor in charge computer facility, AIIMS, New Delhi**