

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

Computer Facility

eHospital Id Creation/Updation/Transfer Form

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

Duly Forwarded By: Head of Department/Section/Office

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

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(Signed and Stamped)

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