



JIPMER EMAIL CREATION FORM

Full Name (First Name & Last Name):

Designation:

Department:

Employee no. (if assigned):

Date of Birth : (30/12/2017)

Date of Superannuation/Contract period :

Personal Email ID:

Cell no:

Signature with seal

Forwarded by

Please print and send a signed copy forwarded by your HoD to HIS UNIT, Institute block
Your login and password will be sent to your current email ID or cell phone.