

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

Computer Facility

EHS Self Prescription Application Form

Centre Name	
Department Name	
Employee Name	
Designation	
Medical Council Registration Number (Mandatory)	
EHS Number	
Date of Retirement / Contract Termination/Tenure completion	
Mobile Number	
Email Id	
Employee's Signature and Stamp To certify that all above given information is true	

Duly Forwarded By: Chief of Centre/Head of Department
(Signed and Stamped)

Note: Kindly send completely filled application form through proper channel to Room No. 7, computer facility, AIIMS, New Delhi