



भारत सरकार/Government of India
अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान
डा. राम मनोहर लोहिया अस्पताल, नई दिल्ली
Atal Bihari Vaypayee Institute of Medical Sciences
Dr. Ram Manohar Lohia Hospital, New Delhi



APPLICATION FOR ACCESSIBILITY TO OPD REGISTRATION

Name: _____
Designation: _____
Department: _____
RML ID-Card No.: _____ (With self-attested copy)
Justification: _____

1. I will ensure that the OPD registration done under my ID is justified and the responsibility of any unauthorized use will be with me till I surrender the facility in writing.
2. I will surrender the accessibility to OPD in charge and chairman e-governance in writing in case of transfer, retirement or relinquishment of post through e-office only.
3. I will do monthly audit of the registrations for preventive vigilance and take appropriate action to prevent unauthorized use.
4. The approval if received will be kept in record.

Signature of the applicant
(with official stamp)

Approved/Not Approved

Dr. Amit Suri
Officer I/c OPD

Dr. S. Bhargava
Advisor

Dr.(Prof.) Kabir Sardana
Chairman e-governance

Dr. R.K. Modi
Addl. Medical Suptd.

Dr. Ajay Shukla
Medical Superintendent

Dated: _____

Copy to: (After approval)

1. Applicant
2. Officer in charge OPD
3. Chairman E governance

“The application to be send to chairman e-governance through e-office”.