

Photo

**DR. RML HOSPITAL, NEW DELHI**  
**APPLICATION FORM FOR NEW USER-ID AND E-HOSPITAL ROLE**

Name (Capital letters)

Designation

Existing User-Id

New User Id  
(To be filled by Server room)

Department/Location

Mobile Number/Extension

Email-id

1.

2.

**\*To be Filled by Supervisor**

**Roles**

- OPD
- ORS
- Casualty
- Lab (Registration/Report Entry)
- OT
- Billing
- Blood Bank
- IPD
- Ward
- Radiology
- Laundry
- Inventory
- Dictary

Signature of Applicant

Signature of In-charge

Date:

Note: Kindly attach a copy of ID proof.

**SERVER ROOM**