



**अखिल भारतीय आयुर्वेद संस्थान**  
**ALL INDIA INSTITUTE OF AYURVEDA (AIIA)**  
 (आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)  
 (An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

**Annexure-I****Date**

**Format for Creation, Transfer, Deactivation, and Updation of eOffice and eMail Accounts**

**Information Submitted By:**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Department: \_\_\_\_\_

Official address: \_\_\_\_\_

Reporting Officer: \_\_\_\_\_

Type of Account (✓ tick the appropriate option): eOffice  eMail  Transfer eOffice Transfer eMail  Updation in eMail  Updation in eOffice  eMail Deactivation eOffice Deactivation 

In case of transfer, the office and place where the transfer is to be made along with the name and designation of the concerned officer/employee may kindly be specified:

---

**User Signature****Certification by HoD / In-Charge**

This is to certify that the information submitted above has been verified by this office and is found to be correct.

Signature with Official Stamp  
**Head of Department/In-charge**

गौतमपुरी, सरिता विहार, मथुरा रोड, नई दिल्ली -110076

**Gautampuri, Sarita Vihar, Mathura road, NEW DELHI-110076**

E-mail: director@aiia.gov.in

Phone: 011-29948658

Fax: 011-29948660

Page 1 of 1