

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow
Registration Form for E-mail and Hospital Information System (HIS)

Section 1: Application

Name	_____	Date	_____
Designation	_____	Valid till	_____
Department	_____	Phone (Off)	_____
Preferred username	_____	Phone (Res)	_____
	(max. 8 alphabets, all lowercase)		
Date of Birth	_____	Emp. ID	_____

I undertake to use the Hospital Information System only for my assigned official duties and to maintain the confidentiality of the patient data in the system. I shall keep my password secret and shall be responsible for all activities performed using my username and password.

_____ Applicant's Signatures

IMPORTANT INFORMATION FOR ALL APPLICANTS

Please note that for every activity on the HIS, the computer records the username and password of the person performing it. Your password is like your electronic signature. You are therefore advised to change your initial password immediately after it is assigned to you and frequently thereafter. You **MUST NOT** reveal your password to anyone at any time. In case you suspect that someone may have come to know your password, change it immediately. The password should preferably be 6-10 characters long and consist of a mixture of alphabetical and numeric characters. You are advised not to use your name, initials, date of birth, family members' names, etc. as password since these can be easily guessed. If you have any queries or have forgotten your password, please contact the system administrator.

Section 2: Authorization

- | | |
|--|---|
| <input type="checkbox"/> HIS Facility | <input type="checkbox"/> E-mail facility |
| Functions/areas in various Modules etc. | |
| <input type="checkbox"/> Billing Nodal | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Billing Clerk | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> HRF Clerk | <input type="checkbox"/> Lab Technician |
| <input type="checkbox"/> HRF Nodal/Supervisor | <input type="checkbox"/> Nursing Staff |
| <input type="checkbox"/> HRF Unit | <input type="checkbox"/> Hospital Administrator |
| <input type="checkbox"/> HRF Misc | <input type="checkbox"/> Stationary |
| <input type="checkbox"/> OPD/Bay Clerk | <input type="checkbox"/> OT Staff |
| <input type="checkbox"/> Registration Clerk/Supervisor/PRO | <input type="checkbox"/> CSSD/Dietary Staff |

_____ HOD

Section 3: Username assignment

Username assigned (HIS) _____ Logon name for E-mail _____

I have understood the method to change my password and have changed my originally assigned password.

_____ Applicant's Signatures

_____ System Administrator's Signatures