



INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES

SHEIKHPURA, PATNA

(An Autonomous Institute of Government of Bihar)

Email: it@igims.org Landline (Ext): 428 Website: www.igims.org

OFFICE OF THE I.T CELL

Letter No. 95 /IT/2025

Dated: 21 /07/2025

From,

Faculty In-charge, IT Cell
IGIMS, Patna.

To,

The Superintending Engineer, BME
IGIMS, Patna.

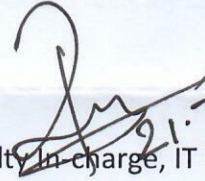
Subject: Regarding Upload HMIS/HIS Registration Form to Institute Official Website.

Sir,

With reference to the above-cited subject, I kindly request you to arrange for the HMIS/HIS Registration Form to be uploaded to the official website of the institute. Making this form easily accessible for the concerned departments/employees.

Enclosure:

1. HMIS/HIS Form.


21.7.2025
Faculty In-charge, IT Cell
I.G.I.M.S, Patna

Received
Heli
21/7/25



IGIMS, PATNA

Sheikhpura Patna, Bihar-800014

HMIS/HIS REGISTRATION FORM

To be filled by Applicant-

Name : _____ Emp. ID : _____
Designation : _____ Mobile No. : _____
Department/Ward : _____ Rights & Role : _____
Email- ID : _____

I undertake to use the Hospital Information System 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.

Date: _____

Applicant's Signature _____

Forwarded by HOD:-

Note: - Please fill and submit the hard copy to the IT CELL, 4TH Floor College Building.

IMPORTANT INFORMATION FOR ALL APPLICANTS

Please note that for every activity on the HMIS/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 or birth, family member's, names etc. As password since these can be easily guessed. If you have any queries or have forgotten your password, please contact the CDAC team at IT Cell.

For Office Use only (CDAC-IT Cell):

Allotted Username & Def. Password: _____

SIGNATURE & STAMP

2-E(BWE)