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रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एंड नर्सिंग साइंसेज़ REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES

(स्वायत्त संस्थान, अधीनस्थ स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार)
(An autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

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APPLICATION FORM FOR RIPANS EMAIL ID

(For RIPANS Staff only)

Date:/...../.....

First Name : _____

Last Name : _____

Designation : _____

Department : _____

Mobile Phone : _____

Proposed Email ID :@ripans.ac.in

Alternate email (If any) : _.....

SELF DECLARATION

I certify that the information given above is true to the best of my knowledge.

I understand that misuse of this email service is punishable and it is the Institute rights to terminate the email service at any instant if found any illegitimate practice.

(Countersigned by
HoD/Section Head)

(Signature of applicant)

Approved: ☐

Rejected: ☐

Reason (If any):

.....

Director, RIPANS

(Note: This Form should be submitted to Computer Centre, Academic-III, after obtaining approval of Director)

Email ID allotted: @ ripans.ac.in

Date:/...../.....

(System Admin)