
	<b>MTI-KHYBER TEACHING HOSPITAL</b> (Medical Teaching Institution)	
	<b>MIS/I.T DEPARTMENT</b>	
	<b>HMIS Privileges Request From</b>	
<b>ISSUE #:</b>	<b>DOCUMENT # IT-F-07</b>	<b>ISSUE DATE:</b>

## HMIS PREVLIGES REQUEST FORM

THE FORM MUST BE FILLED IN CAPITAL LETTERS

### PERSONAL INFORMATION

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

CNIC: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Employee Sign: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

### DEPARTMENTAL INFORMATION

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

Employee Card No: \_\_\_\_\_

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

Reason for use: \_\_\_\_\_

**Note: Pleases change password at first login.**

**Head OF Department**

\_\_\_\_\_

*MTI- Khyber Teaching Hospital  
PESHAWAR*

**HMIS/Database/ Administrator**

\_\_\_\_\_

*MIS/ I.T DEPARTMENT  
MTI- Khyber Teaching Hospital  
PESHAWAR.*