

SWASTHA System User Registration Form

Medical Supplies Division

Institution Code & Name

--	--

User Details

Name with Initials			
Full Name			
NIC		Mobile No	
Designation			
Email ID			
Nature Of Duty			

I certify that the above details are true and correct on behalf of my knowledge.

.....
Signature

.....
Head of the Institution

.....
Date

.....
Date

FOR MSD / ICT UNIT ADMIN USE

Approved:

Registered:

Username:

User Role:

Authorized Signature:

Signature:

Designation:

Date: