

UTIITSL User Access Request Form for ECHS Login Creation

This form may be used for the purpose of creating userid with specific access in ECHS Online claims application.

		Date	
ECHS Office Details			
Office Name			
Address Line 1			
Address Line 2			
Location			
City			
State / Pincode			
User Details			
User-Id #			
User Name			
Designation			
Official e-mail Id			
Alternate e-mail id			
Phone			
Signature			

New user mention preferred User-Id

Type of Access	Requested by User (✓)	Authorized (✓)
MD (Unit -1)		
Dy MD (Unit-2)		
Director - Med		
Director - Accts		

Authorizer Details	
Authorizer Name	
Designation	
Official e-mail Id	
Alternate e-mail id	
Phone	
Signature	

For UTIITSL Office use only:

	Name	Designation	Date	Sign
Given By				
Verified By				