



eIMMR New User Registration form

User Info

Full Name	_____		
Name with initials	_____	NIC No.	_____
Mobile number	_____	T.P. No (official)	_____
Email	_____		
Designation	_____		
Requirement	Data entry / Data certify / Data view		

Institution info

Name	_____		
District	_____		
T.P No	_____	Ext	_____
Email	_____		

Recommendation by the head of the institution

I hereby give the permission to create an account in the eIMMR system to the above named officer who is working under me.

Name	_____		
Phone	_____		
Email	_____		
Signature	_____	Date	_____
Stamp	_____		