

iAPS Form No.I
Nomination /Change Nomination of Office Management User

Name of Existing Office Management User	:	
PEN of Existing Office Management User	:	
Reason for Change of Nomination	:	
Details of Newly Nominated Office Management User (All fields are mandatory)		
Name of Person	:	
PEN	:	
Designation	:	
Office	:	
District	:	
Office Phone No	:	
Residence Phone No	:	
Mobile No	:	
Email Address	:	

Declaration to be signed by the Employee

I, _____ (Name) _____
_____ (Designation) hereby declare that the above information furnished by me is correct. I shall use the authorisation and privileges only for the purposes intended in iAPS (See Annexure I) in accordance with the user instructions and password policy for using iAPS. I also undertake that I shall not disclose my password for using iAPS to others. I will be personally responsible for all the activities done through the authorisation issued to me as Office Management User.

Place:

Signature of Employee

Date

Name

Counter Signed By Unit Head

Place:

Signature of Employee

Date

Name

(Office Seal)

Instructions for submission of Form.

1. Unit Head should nominate a suitable Master Trainer of iAPS as Office Management User.
2. Office Management User is responsible for issuing/revoking authorisation of individuals in iAPS as per the order of the Unit Head.
3. Duly filled and counter signed form shall be forwarded to the following address for issuing authorisation.
Sri. S Ananthakrishnan IPS,
Inspector General of Police (Internal Security)
SBCID Headquarters
Thiruvananthapuram
(Implementing Officer, Plan Projects)
4. For security reasons of the application, only One Office Management User will be assigned to an office at a time. Unit Heads can request for changing the Office Management User for genuine reasons.