



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

MANGALAGIRI, ANDHRA PRADESH

Web site: www.aiimmangalagiri.edu.in

Postgraduate Admission Form (..... Session)

1. Name of the PG student : _____

(In Block Letters)

2. Sex (Male/Female) : _____

3. Marital Status : _____

4. Father's/Husband's Name : _____

5. Date of Birth and Age : _____

6. Category (SC/ST/OBC/General): _____

7. Whether Physical Handicapped: Yes No

(Put in appropriate box)

8. PG Course : _____

9. PG Department : _____

10. Offer letter No. : _____

11. Rank : _____

12. Nationality : _____

13. Correspondence Address (In Capital letters):

Telephone No Residence : _____

Guardian Name [Relationship]: _____

Guardian Telephone/Mobile No: _____

14. Permanent Address (In Capital Letters):

15. Particulars of examination passed (MBBS/BDS onwards):

Name of Exam	Institute/College & University	Month & Year of Passing	% of Marks	No. of Attempts
MBBS/BDS				
MD/MS/DNB/MDS / PhD				
DM/MCh				

Paste Recent
Passport
Size
Photograph



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16. Permanent Medical/Dental Registration No.: _____

(Provisional certificate will not be considered)

17. Permanent PG registration No : _____

18. Name of the State Medical Council : _____

19. Demand draft no (To be attached with the application) : _____

20. E-mail address (mandatory) : _____

21. Mobile No. (mandatory) : _____

For Office use

Name of PG Student : _____

PG Course : _____

PG Department : _____

PG Session : _____

Offer Letter No : _____

Rank : _____

Seat Allocation : _____

Counselling Round : _____

Reporting Date & Time : _____

Verifying Clerk

Member Secretary/Nodal Officer

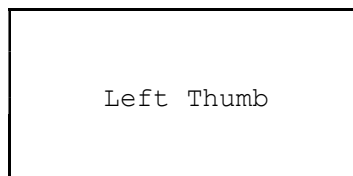
Dean (Academics)
AIIMS Mangalagiri.

UNDERTAKING

I solemnly verify and declare that the information provided in this application is true to the best of my knowledge and belief. In the event of any information found incorrect, during the course of my selection or during my residency, I understand my selection or residency will be cancelled forthwith and I will be liable for action as deemed fit by the competent authority.

Dated:

Thumb Impression



(Signature of the student)



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Checklist of the original documents submitted to the Dean Office

Please tick in the box given below as proof of submission

Sr. No.	Documents	Check list
1.	Admission Fee Receipt No(Bank Draft)	
2.	Photo ID Proof (Aadhar Card/PAN Card)	
3.	Proof of Date of Birth (e.g.: matriculation certificate)	
4.	All mark sheets of MBBS/BDS	
5.	Mark Sheet of MD/MS (if applicable)	
6.	MBBS/BDS Degree Certificate	
7.	MBBS Attempt Certificate	
8.	Permanent Medical/Dental Council Registration Certificate	
9.	Permanent PG Registration Certificate (if applicable)	
10.	MD/MS/DNB Degree Certificate (if applicable)	
11.	DM/ M.Ch. Degree Certificate (if applicable)	
12.	Caste Certificate (if applicable)	
13.	OPH Certificate (if applicable)	
14.	PG Offer Letter	
15.	Admit Card	
16.	Counselling Registration	
17.	Medical Certificate of Fitness	
18.	Undertaking/Declaration	
19.	Affidavit of Anti-ragging	
20.	Migration Certificate*	
21.	Character Certificate*	

* These documents should be submitted within six months of admission to the academic course.



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ADMISSION SLIP

No.

Date:

Sr. No	Details of the PG Students	
1.	Name of the student	
2.	Father/Husband Name	
3.	PG Offer Letter	
4.	Rank	
5.	PG Course	
6.	PG Department	
7.	PG Session	
8.	Category	
9.	Fees Receipt Details Amount: Receipt No:	
10.	Email ID	
11.	Contact No	

The details of the above PG student have been verified and he/she can join the concerned department of this institute as a regular full-time postgraduate resident. Concerned HoD should submit the joining report as soon as the student joins the department.

Dean (Academics)

AIIMS Mangalagiri

Stamp/Seal

Date:



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JOINING REPORT

Paste Recent
Passport
Size
Photograph

To,
The HOD,
Department of
AIIMS Mangalagiri.

Sub: Joining as postgraduate student
Ref: Admission to postgraduate course at AIIMS Mangalagiri
for Session

Sir,

Please refer to the Admission Slip No.....dated.....
regarding my admission to course in the subject of
..... at AIIMS Mangalagiri under
category. I agree to pursue the
above course as a regular full time PG student for the duration of the
academic course. I have joined the above course on (date) in the
department of at AIIMS Mangalagiri (BN/AN).

Yours faithfully,

Date:

(Signature)

Name of the Student :
Offer letter No :
Roll No :
Rank :
Category :
Counselling Round :
Address :
Email ID :
Mobile No :

**Certified that the above as PG student has joined/
reported to the department ofat AIIMS Mangalagiri
as a whole time regular student in PG course on
(date)BN/AN.**

**Head of the Department
Stamp/Seal**

**Dean (Academics)
Stamp/Seal**



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MARITAL DECLARATION

I, Dr. _____ Son/Daughter of
Shri/Smt/Dr. _____ do hereby declare
that I am married/unmarried/divorced at present and do not have more
than one living wife/husband.

The name of my wife/husband is _____

Date :

Signature

Place :

Name: