

अखिल भारतीय आयुर्विज्ञान संस्थान- मंगलगिरि ALL INDIA INSTITUTE OF MEDICAL SCIENCES – MANGALAGIRI

स्वास्थ्यऔरपरिवारकल्याणमंत्रालयकेतहतराष्ट्रीयमहत्वकासंस्थान

(AN INSTITUTE OF NATIONAL IMPORTANCE UNDER MINISTRY OF HEALTH AND FAMILY WELFARE)

भारतसरकार / Government of India

<u>Candidate information sheet</u> <u>PLEASE FILL UP THE FORM IN CAPITAL LETTERS ONLY</u>

NAME: (In CAPITAL LETTERS with prefix SHRI./MS/MRS./Dr.)

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First Name																	
Middle Name																	
Last Name															 		
Date of Birth																	
Gender														 			
Religion																	
Caste																	
Category																	
All India Rank																	
Father's Name																	ļ
Mother's Name																	
Address for co	rresp	onde	nce:														
House No.																	<u> </u>
Street																	L
AT/PO																	
Police station																	ļ
District																	
State																	L
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Aadhar No.																	
Telephone Nu	mbe r										-		-				
Candidate																	<u> </u>
Father																	
Mother																	
Email ID																	
Candidate																	
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Parent Signatur	Parent Signature Candidate Signature																