



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

स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत राष्ट्रीय महत्व का संस्थान  
(An Institute of national importance under ministry of Health and family welfare)

भारत सरकार / Government of India

[www.aiimsmangalagiri.edu.in](http://www.aiimsmangalagiri.edu.in)

**Hostel Accommodation Form**

(To be filled in by the applicant in his/her own handwriting clearly and carefully)  
(For MBBS/Nursing Student)

**For Office Use**

Hostel Allotted: \_\_\_\_\_

Room No: \_\_\_\_\_

College Roll No: \_\_\_\_\_

Admission Year: \_\_\_\_\_

Affix recent  
passport size  
coloured  
photograph

1. Student's Name (in Capital): \_\_\_\_\_

2. Course for which admission taken:  MBBS  Nursing

3. Date of Birth: \_\_\_\_\_

4. Sex: Male  Female

5. Student's Mobile No: \_\_\_\_\_

6. Father's Name: \_\_\_\_\_

7. Father's Occupation: \_\_\_\_\_

8. Mother's Name: \_\_\_\_\_

9. Mother's Occupation: \_\_\_\_\_

10. Father's Mobile No: \_\_\_\_\_ Mother's Mobile No: \_\_\_\_\_

11. Permanent Residential Address (with phone number and STD code): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_

13. Name and address of Local guardian (with Mobile/Telephone No) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Relation of Student with the Local Guardian \_\_\_\_\_

15. Serious Ailment, if any: \_\_\_\_\_

16. Admission Fee bill receipt no: \_\_\_\_\_ Dated \_\_\_\_\_

Date:

Signature of Student

Forwarded by Deputy Nodal officer

Dean (Academics)

AIIMS- Mangalagiri.



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**Undertaking by the Student**

1. I, \_\_\_\_\_ have taken admission for \_\_\_\_\_ course in year \_\_\_\_\_ hereby undertaking that
2. I have read all the Hostel rules of AIIMS, Mangalagiri and I will sincerely abide with it.
3. I will not indulge in ragging directly or indirectly and will not resort to any undesirable activity which may tarnish the image of AIIMS, Mangalagiri.
4. I will not create any disrupt to academic atmosphere during my stay at hostel.
5. I am aware that I am liable for disciplinary action which may include expulsion from the hostel/institute or as deemed fit necessary by AIIMS, Mangalagiri authorities, in case of infringement of hostel rules.
6. I will abide by the above undertaking and follow all the instructions given to me from time to time by the hostel Warden.
7. I have read and understood the contents of rule and regulations for the hostel AIIMS, Mangalagiri and the undertaking before signing it.

Place: Mangalagiri

Student's Signature

Date:

Name: \_\_\_\_\_

Parent's/Guardian's Signature

Name: \_\_\_\_\_