ALL INDIA INSTITUTE OF MEDICAL SCIENCES
MANGALAGIRI, ANDHRA PRADESH

Application for Biometrics ID Creation

Name: _____

Department / Section: _____

E-mail Id (In Block): _____

Mobile No.: _____

PG Course: _____

Subject: _____

Date/Year of Admission: _____

Paste your recent colored photograph
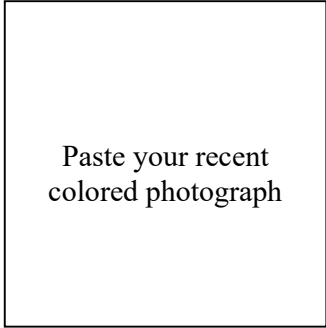
(Signature of the applicant with date)

Verified by
IT Dept, AIIMS Mangalagiri

Forward by
Head of the Dept/Controlling Head
Date and Seal

_____

For office use only

Biometric ID …………………………………   Date: ………………………..