



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
MANGALAGIRI, ANDHRA PRADESH

Web site: www.aiimmangalagiri.edu.in

JOINING REPORT

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To,

The Principal,
College of Nursing,
AIIMS Mangalagiri.

Sub: Joining as Super Speciality student

Ref: Admission to M.Sc Nursing course at AIIMS Mangalagiri
for Session

Sir,

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

Head of the Department
Stamp/Seal

Dean (Academic)
Stamp/Seal