



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
MANGALAGIRI, ANDHRA PRADESH**

Web site: www.aiimmangalagiri.edu.in

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: _____