

ALL INDIA INSTITUTE OF MEDICAL SCIENCES MANGALAGIRI, ANDHRA PRADESH

Web site: www.aiimmangalagiri.edu.in

MD/MS/MDS/DM/MCh Admission Form(Session)
1. Name of the	PG student	:			
(In Block Le	etters)				
2. Sex (Male/Fe	emale)	:		<u> </u>	Paste Recent Passport
3. Marital Status 4. Father's/Husband's Name					Size Photograph
5. Date of Birth and Age		:			
6. Category (So	C/ST/OBC/Gener	al):			
7. Whether Physical Physical Put in 8. Course	sical Handicap appropriate box)	No No		
9. Department/Subject		:			
10. Offer letter No.					
11. Rank		:			
12. Nationality					
13. Corresponde	ence Address (In Capital let	ters):		
-	Residence	:ip]:			
		No:			
14. Permanent A					
15. Particular	s of examinati	on passed (MB	BS/BDS onwards	s):	
Name of Exam	Institute/College & University		Month & Year of	% of Marks	No. of
		-	Passing		-
MBBS/BDS					
MD/MS/DNB					



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16. Permanent Medic	al/Dental Registration	on No.:				
(Provisional cer	tificate will not be	considered)				
17. Permanent PG re	gistration No	:				
18. Name of the State Medical Council :						
19. Demand draft no	(To be attached with	the application) :				
20. E-mail address						
21. Mobile No.(man	 -					
	UNDERT	AKING				
I solemnly verify and	declare that the info	ormation provided in this application				
is true to the best of	my knowledge and be	lief. In the event of any information				
found incorrect, duri	ng the course of my	selection or during my residency, I				
understand my selection	on or residency will	be cancelled forthwith and I will be				
liable for action as d	eemed fit by the compe	etent authority.				
		_				
Dated:		(Signature of the student)				
Thumb Impression	Left Thumb	Name:				
	Ear Office was					
5 55 51 1	For Office use					
	-					
Reporting Date & <u>Time</u> :						
Mombou Cocustous						
Member Secretary, PG/PhD Admissions		Verifying Clerk				
•		Dean (Academics)				
		AIIMS Mangalagiri.				