

ALL INDIA INSTITUTE OF MEDICAL SCIENCES MANGALAGIRI, ANDHRA PRADESH

HOSTEL SECTION

F.No.:	DATED:
Го, Гhe Hostel Superintendent, AIIMS, Mangalagiri	Paste one colour Passport size photograph
SUB: APPLICATION FOR ALLOTMENT OF HO	OSTEL ACCOMMODATION
Dear Sir,	
I have joined as Post Graduate Student for MD/MS/M.C	
Department of	•
allotted the hostel accommodation in the AIIMS Hostel. My bri	ief particulars are below:
1. Name of the Student (in block letters)	
2. PG Student Course Subject	
3. Date of Joining	
4. Completion of Tenure Dated	
5. Father's/ Husband's Name	
6. Permanent Home Address & Tel	
7. Local Guardian's Name & Address in Mangalagiri & M	lob No
8. E-mail address	
O. Liman address	•••••



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9. Whether married or unmarried	
10. The source of financial support (e.g. Scholarship/	Salary etc.) during in the hostel
The application should be forwarded by the Member Secretary & Notioning report (duly signed by the competent authority) should be attached	
DECLARATION:	
I agree to abide by the hostel rules and regulation, in force, regarding and the use of the hostel room. I, Further state that I Will abide by at to time by the Warden/ Chief Warden of Hostel and on his behalf by	Il such orders as may be issued from time
	Yours Faithfully
Forwarded by:	
Member Secretary, PG & PhD Course	Dean (Academics) Signature with Stamp
(For Hostel use only) Details are verified Yes/No:	
Hostel Warden	Hostel Superintendent, AIIMS Mangalagiri.