



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

DECLARATION OF BANK ACCOUNT NUMBER FOR SALARY/STIPEND

(Details must be filled in block letters only)

To,
The Dean (Academics),
All India Institute of Medical Sciences,
Mangalagiri, Andhra Pradesh – 522503.

Sir/Madam,

Please deposit my stipend and allowances as per the following provided here under.

Name: _____

Post (JR (Acad.)/SR (Acad./Nursing/Ph.D): _____

Department: _____

Date of Admission: _____

Bank Name with Branch: _____

Account Number: _____

IFSC Code: _____

Pan Card No.: _____

Aadhar Card No.: _____

E-mail Id (In Block): _____

Mobile No.: _____

Signature:

Date:

Enclosure:-

1. Copy of Bank Passbook
2. Copy of AADHAR Card
3. Copy of PAN Card
4. Copy of Joining Report

Submit in Dean (Academics) Office within ten (10) days of admission to this Institute.