



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

Web site: www.aiimmangalagiri.edu.in

MARITAL DECLARATION

I, Dr. _____ Son/Daughter of
Shri/Smt/Dr. _____ do hereby declare
that I am married/unmarried/divorced at present and do not have more
than one living wife/husband.

The name of my wife/husband is _____

Date :

Signature

Place :

Name: