



अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि

ALL INDIA INSTITUTE OF MEDICAL SCIENCES – MANGALAGIRI

स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत राष्ट्रीय महत्व का संस्थान

(An Institute of national importance under ministry of Health and family welfare)

भारत सरकार / Government of India

www.aiismangalagiri.edu.in

Hostel Accommodation Form

(To be filled in by the applicant in his/her own handwriting clearly and carefully)

(For MBBS/Nursing Student)

For Office Use

Hostel Allotted: _____

Room No: _____

College Roll No: _____

Admission Year: _____

Affix recent
passport size
coloured
photograph

1. Student's Name (in Capital): _____

2. Course for which admission taken: MBBS Nursing

3. Date of Birth: _____

4. Sex: Male Female

5. Student's Mobile No: _____

6. Father's Name: _____

7. Father's Occupation: _____

8. Mother's Name: _____

9. Mother's Occupation: _____

10. Father's Mobile No: _____ Mother's Mobile No: _____

11. Permanent Residential Address (with phone number and STD code): _____

12. Address for Correspondence: _____

13. Name and address of Local guardian (with Mobile/Telephone No) _____

14. Relation of Student with the Local Guardian _____

15. Serious Ailment, if any: _____

16. Admission Fee bill receipt no: _____ Dated _____

Date:

Signature of Student

Forwarded by member secretary/Nodal officer

Dean (Academics)

AIIMS- Mangalagiri.



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Undertaking by the Student

1. I, _____ have taken admission for _____ course in year _____ hereby undertaking that
2. I have read all the Hostel rules of AIIMS, Mangalagiri and I will sincerely abide with it.
3. I will not indulge in ragging directly or indirectly and will not resort to any undesirable activity which may tarnish the image of AIIMS, Mangalagiri.
4. I will not create any disrupt to academic atmosphere during my stay at hostel.
5. I am aware that I am liable for disciplinary action which may include expulsion from the hostel/institute or as deemed fir necessary by AIIMS, Mangalagiri authorities, in case of infringement of hostel rules.
6. I will abide by the above undertaking and follow all the instructions given to me from time to time by the hostel Warden.
7. I have read and understood the contents of rule and regulations for the hostel AIIMS, Mangalagiri and the undertaking before signing it.

Place: Mangalagiri

Student's Signature

Date:

Name: _____

Parent's/Guardian's Signature

Name: _____