



अखिल भारतीय आयुर्विज्ञान संस्थान- मंगलगिरि

ALL INDIA INSTITUTE OF MEDICAL SCIENCES – MANGALAGIRI

स्वास्थ्यऔरपरिवारकल्याणमंत्रालयकेतहत राष्ट्रीयमहत्वकासंस्थान

(AN INSTITUTE OF NATIONAL IMPORTANCE UNDER MINISTRY OF HEALTH AND FAMILY WELFARE)

भारतसरकार / Government of India

**Candidate information sheet**

**PLEASE FILL UP THE FORM IN CAPITAL LETTERS ONLY**

NAME: (In CAPITAL LETTERS with prefix SHRI./MS/MRS./Dr.)

First Name															
Middle Name															
Last Name															

Date of Birth									
Gender									
Religion									
Caste									
Category									
All India Rank									

Father's Name															
Mother's Name															

**Address for correspondence:**

House No.															
Street															
AT/PO															
Police station															
District															
State															
Pincode															

Aadhar No.															
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**Telephone Number**

Candidate															
Father															
Mother															

Email ID															
Candidate															
Father															
Mother															

Parent Signature

Candidate Signature