



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

Card No:

Application for admission to the MBBS course at AIIMS, Mangalagiri (A.P) in month/year _____2022-23

(Form to be filled in block letters)

Name In English:																			
In Hindi:																			
Father's Name:																			
Mother's Name:																			
Date of Birth: (DD/MM/YYYY)						Nationality:				Religion:									
Category (SC/ST/OBC/UR):						State of Domicile													
Whether Orthopedics Physically Handicapped:						Mark of Identification:													
Roll No. in MBBS Entrance Examination							Regn.No.in MBBS Entrance Examination:												
Address for Correspondence: (With contact No. of Parent and Student)																			

Permanent Address: (With contact No. of Parent and Student)		
Aadhar No. Of the student	Student E-Mail Address:	Parent E-mail Address:

DOCUMENT (S)/CERTIFICATE(S) & DECLARATION:

- Certificate of passing High School/Higher Secondary examination issued by the concerned Board
(showing date of Birth)
- Certificate of passing 10+2 or equivalent examination:
(showing the subjects passed by him/her in the examination)
- 10+2 or equivalent examination mark sheet issued by the concerned Board
(Showing securing 60% or more marks – 50% in case of SC/ST/OPH – in aggregate in Eng.,Phy., Chem., Bio.)
- Migration Certificate from Univ./Board last attended
- SC/ST/OBC/OPH Certificate:
(from prescribed authority in support of such claim – as per proformas prescribed in the examination prospectus)
- Undertaking by the student and Parent against ragging
(as per prescribed proformas)
- Medical Fitness Certificate

Declaration

I solemnly affirm that the information/documents furnished overleaf& above are true and correct in all respects to the best of my knowledge and belief. I understand that if any information furnished here is found to be false or incorrect or willfully concealed by me at any later occasion, I shall be liable to disciplinary action and/or criminal prosecution, as deemed fit by the competent authority and I shall any later occasion, I shall also forgo my claim to the seat in AIIMS, Mangalagiri (AP).

(signature)

(Full Name in Block letter)

Date: __/__/____

(For office use Only)

Name of the

Candidate.....Reg.No:.....
.....

Approved by:

1 st Prof/1 st Year	2 nd prof/2 nd Year	3 rd Prof/ 3 rd Year		Internship