



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

Web site: www.aiimmangalagiri.edu.in

Postgraduate Admission Form (..... Session)

1. Name of the PG student : _____
(In Block Letters)
2. Sex (Male/Female) : _____
3. Marital Status : _____
4. Father's/Husband's Name : _____
5. Date of Birth and Age : _____
6. Category (SC/ST/OBC/General): _____
7. Whether Physical Handicapped: Yes No
(Put ✓ in appropriate box)
8. PG Course : _____
9. PG Department : _____
10. Offer letter No. : _____
11. Rank : _____
12. Nationality : _____
13. Correspondence Address (In Capital letters):
- _____
- _____

**Paste Recent
Passport
Size
Photograph**

Telephone No Residence : _____

Guardian Name [Relationship]: _____

Guardian Telephone/Mobile No: _____

14. Permanent Address (In Capital Letters):
- _____
- _____

15. Particulars of examination passed (MBBS/BDS onwards):

Name of Exam	Institute/College & University	Month & Year of Passing	% of Marks	No. of Attempts
MBBS/BDS				
MD/MS/DNB				



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16. Permanent Medical/Dental Registration No.: _____

(Provisional certificate will not be considered)

17. Permanent PG registration No : _____

18. Name of the State Medical Council : _____

19. Demand draft no (To be attached with the application) : _____

20. E-mail address (mandatory) : _____

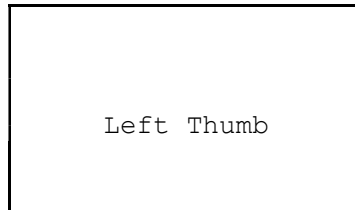
21. Mobile No. (mandatory) : _____

UNDERTAKING

I solemnly verify and declare that the information provided in this application is true to the best of my knowledge and belief. In the event of any information found incorrect, during the course of my selection or during my residency, I understand my selection or residency will be cancelled forthwith and I will be liable for action as deemed fit by the competent authority.

Dated:

Thumb Impression



Left Thumb

(Signature of the student)

Name:

For Office use

Name of PG Student _____ :

PG Course _____ :

PG Department _____ :

PG Session _____ :

Offer Letter No _____ :

Rank _____ :

Seat Allocation _____ :

Counselling Round _____ :

Reporting Date & Time _____ :

Verifying Clerk

Member Secretary/Nodal Officer

Dean (Academics)
AIIMS Mangalagiri.