



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

Web site: www.aiimmangalagiri.edu.in

JOINING REPORT

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To,
The HOD,
Department of
AIIMS Mangalagiri.

Sub: Joining as postgraduate student
Ref: Admission to postgraduate course at AIIMS Mangalagiri
for Session

Sir,

Please refer to the Admission Slip No.....dated.....
regarding my admission to course in the subject of
..... at AIIMS Mangalagiri under
category. I agree to pursue the
above course as a regular full time PG student for the duration of the
academic course. I have joined the above course on (date) in the
department of at AIIMS Mangalagiri (BN/AN).

Yours faithfully,

Date:

(Signature)

Name of the Student :
Offer letter No :
Roll No :
Rank :
Category :
Counselling Round :
Address :
Email ID :
Mobile No :

**Certified that the above as PG student has joined/
reported to the department ofat AIIMS Mangalagiri
as a whole time regular student in PG course on
(date)BN/AN.**

Head of the Department
Stamp/Seal

Dean (Academics)
Stamp/Seal