

अखिल भारतीय आयुर्विज्ञान संस्थान- मंगलगिरि

ALL INDIA INSTITUTE OF MEDICAL SCIENCES – MANGALAGIRI

स्वास्थ्यऔरपरिवारकल्याणमंत्रालयकेतहतराष्ट्रीयमहत्वकासंस्थान (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 co	rresp	onde	nce:								
House No.											
Street											
AT/PO											
Police station											
District											
State											
Pincode											
Aadhar No.											
Telephone Nu	mber										
Candidate											
Father											
Mother											
Email ID											
Candidate											
Father											
Mother											

Parent Signature

Candidate Signature