

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

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MARITAL DECLARATION	
I, Mr/Ms/Mrs	Son/Daughter of
Shri/Smt.	
that I am married/unmarried/divorced at p	present and do not have more
than one living wife/husband.	
The name of my wife/husband is	
Date :	Cianatura
Place:	Signature Name:
racc .	wane.