



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

**MANGALAGIRI, ANDHRA PRADESH**

Web site: [www.aiimsmangalagiri.edu.in](http://www.aiimsmangalagiri.edu.in)

## **ADMISSION SLIP**

No. AIIMS/MG/Allied & Healthcare/2025/

Date:

| Sr.No | Details of the Student                         |  |
|-------|--|--|
| 1.    | Name of the student                            |  |
| 2.    | Father/Husband Name                            |  |
| 3.    | Offer Letter                                   |  |
| 4.    | Rank   |  |
| 5.    | Course   |  |
| 6.    | Department                                     |  |
| 7.    | Session  |  |
| 8.    | Category                                       |  |
| 9.    | Fees Receipt Details<br>Amount:<br>Receipt No: |  |
| 10.   | Email ID                                       |  |
| 11.   | Contact No.                                    |  |

The details of the above student have been verified and he/she can join the concerned department of this institute as a regular full-time Student. Concerned Course Co-ordinator should submit the joining report as soon as the student joins the department.

DEAN (Allied & Health Sciences)

Stamp/Seal

Date: