



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES

## MANGALAGIRI, ANDHRA PRADESH

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

### **Hostel Accommodation Form**

(To be filled in by the applicant in his/her own handwriting clearly and carefully)

#### **For Office Use:**

Hostel Allotted: \_\_\_\_\_

Room No: \_\_\_\_\_

College Roll No: \_\_\_\_\_

Admission Year: \_\_\_\_\_

Affix Recent Passport  
Size Coloured  
Photograph

1. Student's Name (in Capital): \_\_\_\_\_

2. Course for which admission taken: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Sex: ☐ Male ☐ Female

5. Student's Mobile No: \_\_\_\_\_

6. Father's Name: \_\_\_\_\_

7. Father's Occupation: \_\_\_\_\_

8. Mother's Name: \_\_\_\_\_

9. Mother's Occupation: \_\_\_\_\_

10. Father's Mobile No: \_\_\_\_\_ Mother's Mobile No: \_\_\_\_\_

11. Permanent Residential Address (with phone number and STD code):

\_\_\_\_\_  
\_\_\_\_\_

12. Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_

13. Name and address of Local guardian (with Mobile/Telephone No)

\_\_\_\_\_



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14. Relation of Student with the Local Guardian\_\_\_\_\_
15. Serious Ailment, if any: \_\_\_\_\_
16. Admission Fee bill receipt no:\_\_\_\_\_ Dated\_\_\_\_\_

Date:

Signature of Student

**Nodal officer**  
**Allied & Healthcare Course**  
**Admissions**

**DEAN**  
**Allied & Health Sciences**