

**ANNEXURE – 1**

अखिल भारतीय आयुर्विज्ञान संस्थान- मंगलगिरि
ALL INDIA INSTITUTE OF MEDICAL SCIENCES – MANGALAGIRI
स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत राष्ट्रीय महत्व का संस्थान
**(AN INSTITUTE OF NATIONAL IMPORTANCE UNDER MINISTRY OF
HEALTH AND FAMILY WELFARE)**
भारतसरकार / **Government of India**

Application for admission to Allied & Healthcare Courses at AIIMS Mangalagiri in the _____ 2025

PLEASE FILL UP THE FORM IN CAPITAL LETTERS ONLY

First Name																	
Middle Name																	
Last Name																	
Father Name																	
Mother Name																	
Date of Birth																	
Aadhar Number																	
Gender																	
Religion																	
Caste																	
Roll Number																	
All India Rank																	
Candidate Category																	
Allotted Category																	
Address for Correspondence:																	
House Number																	
Street / Village																	
Police Station																	
District																	
State																	
Pin code																	
Contact Details:																	
Candidate Mobile No.																	
Father Mobile No.																	
Mother Mobile No.																	
Candidate Email Id																	
Father Email Id																	
Mother Email Id																	
10 + 2 / Senior Secondary / Intermediate Details																	
	English	Physics (P)	Chemistry (C)	Biology (B)	2nd Language	Total											
Maximum Marks (Including practical's)																	
Marks obtained (Including practical's)																	
Percentage (English)			Percentage (P+C+B):			Percentage (Overall):											

DECLARATION

I solemnly affirm that the information / documents furnished overleaf & above are true and correct in all respects to the best of my knowledge and belief. I understand that if any information furnished here is found to be false or incorrect or wilfully concealed by me at any later occasion, I shall be liable to disciplinary action and / or criminal prosecution, as deemed fit by the competent authority, I shall also forgo my claim to the seat in AIIMS, Mangalagiri (AP).

Signature of the Candidate

Signature of the Parent / Guardian