



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
MANGALAGIRI, ANDHRA PRADESH

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UNDERTAKING BY THE STUDENTS

For all candidates

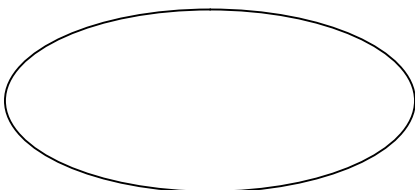
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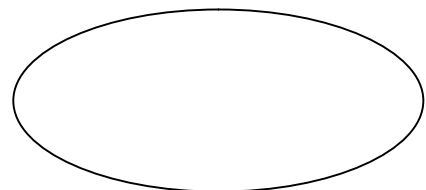
S/o, D/o of Mr. /Mrs./Dr. _____

have passed BSc. Para – Medical Entrance Examination held on _____ 2025.

I certify that all my original certificates (i.e. 10th Pass certificate/Age proof, 12th Pass certificate, 12th Marks sheet and Scheduled Caste/Scheduled Tribe (SC/ST)/ Other Backward Class (OBC) /EWS Certificate is authentic. If any found false, then my candidature may treated withdrawn/cancelled at any time during the course.



Specimen Signature



Left Thumb Impression

Name: _____

Signature of the Candidate _____

Address: _____

Mobile Number _____

Email ID : _____