



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

MANGALAGIRI, ANDHRA PRADESH

Web site: www.aiismangalagiri.edu.in

MD/MS/MDS/MCH Admission Form (..... Session)

1. Name of the student : _____

(In Block Letters)

2. Sex (Male/Female) : _____

3. Marital Status : _____

4. Father's/Husband's Name : _____

5. Date of Birth and Age : _____

6. Category (SC/ST/OBC/General) : _____

7. Whether Physical Handicapped: Yes ☐ No ☐

(Put ☒ in appropriate box)

8. Course : _____

9. Department/Subject : _____

10. Offer letter No. : _____

11. Rank : _____

12. Nationality : _____

13. Correspondence Address **(In Capital letters)** : _____

Telephone No Residence : _____

Parent Name [Relationship]: _____

Parent Telephone/Mobile No: _____

14. Permanent Address **(In Capital Letters)** : _____

15. Particulars of examination passed (MBBS/BDS onwards):

| Name of Exam | Institute/College & University | Month & Year of Passing | Percentage % of Marks | No. of Attempts |
|--------------|--------------------------------|-------------------------|-----------------------|-----------------|
| MBBS/BDS | | | | |

**Paste Recent
Passport
Size
Photograph**



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MANGALAGIRI, ANDHRA PRADESH

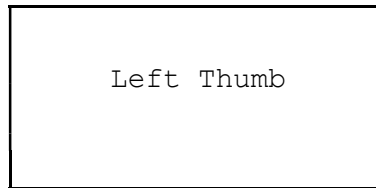
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16. Permanent Medical/Dental Registration No.: _____
(Provisional certificate will not be considered)
17. Name of the State Medical Council : _____
18. Demand draft no (To be attached with the application): _____
19. E-mail address (mandatory) : _____
20. Mobile No.(mandatory) : _____

UNDERTAKING

I solemnly verify and declare that the information provided in this application is true to the best of my knowledge and belief. In the event of any information found incorrect, during the course of my selection or during my residency, I understand my selection or residency will be cancelled forthwith and I will be liable for action as deemed fit by the competent authority.

Dated:
Thumb Impression



(Signature of the student)
Name:

For Office Use

Name of the Student : _____

Course : _____

Department : _____

Session : _____

Offer Letter No : _____

Rank : _____

Seat Allocation : _____

Counselling Round : _____

Reporting Date & Time : _____

Verifying Clerk

Member Secretary
PG/ PhD Admissions

Dean (Academic)
AIIMS, Mangalagiri