



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES

## MANGALAGIRI, ANDHRA PRADESH

### **DECLARATION OF BANK ACCOUNT NUMBER FOR SALARY/STIPEND**

(Details must be filled in block letters only)

To,  
The Dean (Academic),  
All India Institute of Medical Sciences,  
Mangalagiri, Andhra Pradesh – 522503.

Sir/Madam,

Please deposit my stipend and allowances as per the following provided here under.

**Name:** \_\_\_\_\_

**Post (JR (Acad.)/SR (Acad):** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Date of Admission:** \_\_\_\_\_

**Bank Name with Branch:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**IFSC Code:** \_\_\_\_\_

**Pan Card No.:** \_\_\_\_\_

**Aadhar Card No.:** \_\_\_\_\_

**E-mail Id (In Block):** \_\_\_\_\_

**Mobile No.:** \_\_\_\_\_

**Signature:**

**Date:**

Enclosure: -

1. Copy of Bank Passbook
2. Copy of AADHAR Card
3. Copy of PAN Card
4. Copy of Joining Report

Submit in Dean (Academics) Office within ten (10) days of admission to this Institute.