



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

MANGALAGIRI, ANDHRA PRADESH

Web site: www.aiimsmangalagiri.edu.in

JOINING REPORT

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To,
The HOD,
Department of
AIIMS Mangalagiri.

Sub: Joining as Senior Resident (Academic)
Ref: Admission to DM/MCH course of department at AIIMS
Mangalagiri for Session

Sir,
Please refer to the Admission Slip No.....dated.....
regarding my admission tocourse in the subject of
..... at AIIMS Mangalagiri under..... category.
Iagree to pursue the above course as a regular
full time DM/MCH student for the duration of the academic course. I
have joined the above course on (Date) in the department of
..... at AIIMS Mangalagiri (FN/AN).

Yours faithfully,

Date:

(Signature)

Name of the Student :
Offer letter No :
Roll No :
Rank :
Category :
Counselling Round :
Address :
Email ID :
Mobile No :

Certified that the above as Senior Resident
(Academic) student has joined/reported to the department of
..... at AIIMS, Mangalagiri as a whole time regular
student in..... (DM/MCH) course on (Date) FN/AN.

Head of the Department
Seal/Stamp

Assistant Dean (A)
AIIMS, Mangalagiri

Dean (Academic)
AIIMS, Mangalagiri