



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

MANGALAGIRI, ANDHRA PRADESH

Web site: www.aiismangalagiri.edu.in

JOINING REPORT

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To,

The HOD,
Department of
AIIMS Mangalagiri.

Sub: Joining as Junior Resident (Academic) student
Ref: Admission to MD/MS/MDS/M.Ch course at AIIMS
Mangalagiri for Session

Sir,
Please refer to the Admission Slip No.....dated.....
regarding my admission to course in the subject of
..... at AIIMS Mangalagiri under
category. I agree to pursue the
above course as a regular full time MD/MS/BDS/M.Ch 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 of the Student)

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

Certified that the above-mentioned _____, appointed
as Junior Resident (Academic), has joined/reported to the Department of
_____ at AIIMS Mangalagiri as a full-time regular
student in the _____ MD/MS/BDS/M.Ch course
on _____ (Date), FN/AN.

Head Of the Department
Seal/Stamp

Assistant Dean (A)
AIIMS, Mangalagiri

Dean (Academic)
AIIMS, Mangalagiri