

अखिल भारतीय आयुर्विज्ञान संस्थान- मंगलगिरि
ALL INDIA INSTITUTE OF MEDICAL SCIENCES – MANGALAGIRI
स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत राष्ट्रीय महत्व का संस्थान
(AN INSTITUTE OF NATIONAL IMPORTANCE UNDER MINISTRY OF
HEALTH AND FAMILY WELFARE)
भारतसरकार / Government of India

Application for admission to Allied & Healthcare Courses at AIIMS Mangalagiri in the _____ 2026

PLEASE FILL UP THE FORM IN CAPITAL LETTERS ONLY

First Name																	
Middle Name																	
Last Name																	
Father Name																	
Mother Name																	
Date of Birth										Blood Group:							
Aadhar Number																	
Gender																	Recent passport size colour photograph of the Candidate.
Religion																	
Caste																	
Roll Number																	
All India Rank																	
Candidate Category																	
Allotted Category																	
Address for Correspondence:																	
House Number																	
Street / Village																	
Police Station																	
District																	
State																	
Pin code																	
Contact Details:																	
Candidate Mobile No.																	
Father Mobile No.																	
Mother Mobile No.																	
Candidate Email Id																	
Father Email Id																	
Mother Email Id																	
10 + 2 / Senior Secondary / Intermediate Details																	
	English		Physics (P)		Chemistry (C)		Biology (B)		2nd Language		Total						
Maximum Marks (Including practical's)																	
Marks obtained (Including practical's)																	
Percentage (English)			Percentage (P+C+B):						Percentage (Overall):								

DECLARATION

I solemnly affirm that the information / documents furnished overleaf & above are true and correct in all respects to the best of my knowledge and belief. I understand that if any information furnished here is found to be false or incorrect or wilfully concealed by me at any later occasion, I shall be liable to disciplinary action and / or criminal prosecution, as deemed fit by the competent authority. I shall also forgo my claim to the seat in AIIMS, Mangalagiri (AP).

Signature of the Candidate

Signature of the Parent / Guardian