ALL INDIA INSTITUTE OF MEDICAL SCIENCES
MANGALAGIRI, ANDHRA PRADESH
EXAMINATION SECTION

APPLICATION FORM FOR EXAMINATION

Registration Number: …….

Sir,

I may kindly be permitted to appear for the below-mentioned examination.

I have cleared all my dues till date.

My details (as per the admission record) are as given hereunder:

(IN CAPITAL LETTERS)

Affix recent passport sized photograph

STUDENT NAME: ……..……...

FATHER'S NAME: ……..…….....

MOTHER'S NAME: ……..……

DATE OF BIRTH : ……....

EXAMINATION : .....

Contact No.: ….…… email Id: ……..

Date: ……..…… Place: ……...

Signature of candidate

No Dues:

S. No	Dept. Name	Signature	S. No	Dept. Name	Signature
1.	Central Library		5.	Dept. of	
2.	Dept. of		6.	Dept. of	
3.	Dept. of		7.	Hostel Warden /In-charge	
4.	Dept. of		8.	Accounts Section	

Examination Fee: …… Rupees…….....only

Received vide transaction no…… Dated…….....

Cashier/Accounts Officer **Officer In-charge** **ACE/Assoc./ Dean (Examinations)**