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)

STUDENT NAME : ……

FATHER'S NAME: ……

MOTHER'S NAME: ……

DATE OF BIRTH : ……

EXAMINATION : .....

Contact No. : ……..

Email Id : ……

Affix recent passport sized photograph

Date : …… Place :……

Signature of candidate

No Dues:

1.	Name of the Department:		Signature:	
2.	Central Library			
3.	Hostel Warden/In-charge			
4.	Account Section			

Examination Fee: …… Rupees…….....only

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

Cashier/Accounts Officer **Officer In-charge** **Associate Dean (Examinations)**