

ALL INDIA INSTITUTE OF MEDICAL SCIENCES MANGALAGIRI, ANDHRA PRADESH

Web site: www.aiimmangalagiri.edu.in

JOINING REPORT

To,		Paste Recent Passport
The HOD,		Size Photograph
Department of	·	
Sub: Joining as postgraduate student Ref: Admission to postgraduate course		
Sir,		
regarding my admission category. I	e Admission Slip No course in the at AIIMS Mangalagiri under agree	ne subject of to pursue the
academic course. I have	ar full time PG student for the d joined the above course on at AIIMS Mangala	(date) in the
	Yours f	aithfully,
Date:	(Sig	gnature)
Name of the Student :		
Offer letter No :		
Roll No :		
Rank :		
Category :		
Counselling Round : Address :		
Email ID :		
Mobile No :		
Certified that the above as PG student has joined/reported to the department of at AIIMS Mangalagiri as a whole time regular student in PG course on		
(date) BN/AN.		
Head of the Department Stamp/Seal		ean (Academics)