



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी All India Institute of Medical Sciences, Guwahati

(भारत सरकार के स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अधीन एक स्वायत्त निकाय)
(An Autonomous body under the aegis of Ministry of Health and Family Welfare, Govt)

चांगसारी, असम - 781101 | Changsari, Assam - 781101

Email: - academic-section@aiimsguwahati.ac.in

F. No. 09-135/2024-25/AIIMS/GHY/DEAN(A)/PG/RECTT./667D(A)

Dated: 17.08.2026

NOTICE

Subject: Reporting and Admission Formalities for Candidates Allotted to AIIMS Guwahati through the Open round of INI-CET July 2026 Session – reg.

It is hereby notified for information of all concerned that the candidates allotted to AIIMS Guwahati through the Open round of INI-CET July 2026 Session are required to report for completion of admission formalities, document verification, submission of admission fee and security deposit during the period from **22.08.2026 to 31.08.2026**.

- The reporting and admission formalities shall be conducted at the **Academic Section, Ground Floor, Medical College Building, AIIMS Guwahati**. Candidates shall report between **10:00 AM and 5:00 PM** on all working days. However, on **Saturdays**, candidates shall report on or before **01:15 PM**, beyond which no admission-related activity shall be entertained.
- It is further notified that the Institute shall remain closed on **26.08.2026 on the occasion of Milad-un-Nabi**. Accordingly, admission-related activities shall not be undertaken on the aforesaid date.
- The checklist prescribed for admission/reporting is enclosed herewith. Candidates shall ensure submission/production of all requisite documents, in original along with self-attested copies, as specified therein. The mandatory documents include, inter alia, Affidavit(s), Character Certificate(s), Medical Registration Certificate, Internship Completion Certificate (wherever applicable), and other documents prescribed in the checklist.
- Candidates who are serving under the Central Government, State Government, Autonomous Bodies, Statutory Organizations, Public Sector Undertakings (PSUs), Semi-Government Organizations, or Institutions funded by the Central/State Government shall produce a **No Objection Certificate (NOC)** issued by the competent authority of the employing organization at the time of reporting/admission.
- Candidates are required to deposit the prescribed **Admission Fee of ₹2,927/-** at the time of reporting. The fee may be remitted either through a **Demand Draft** drawn in favour of **“AIIMS Guwahati” payable at Guwahati** or through **Online Transaction at the Accounts Section, AIIMS Guwahati**. Proof of payment shall be submitted during the admission process.
- Candidates are advised to carefully verify their eligibility, original documents and certificates before reporting. Admission shall remain provisional and subject to verification of documents and fulfillment of the eligibility criteria prescribed by the competent authority.
- Candidates who fail to report within the stipulated period or fail to produce the requisite documents at the time of reporting shall be dealt with in accordance with the applicable admission rules, regulations and instructions governing the admission process.
- In case of any clarification regarding admission/reporting formalities, candidates may contact the Academic Section, AIIMS Guwahati through e-mail at academic-section@aiimsguwahati.ac.in
- This issues with the approval of the Competent Authority.


Prof. (Dr.) Muralidhar Reddy Sangam
Dean (Academics)
All India Institute of Medical Sciences Guwahati
अखिल भारतीय आयुर्विज्ञान संस्थान गुवाहाटी

अखिल भारतीय आयुर्विज्ञान संस्थान (एमएस),
गुवाहाटी – 781101

ALL INDIA INSTITUTE OF MEDICAL
SCIENCES, GUWAHATI – 781101



एमडी/एमएस/एमडीएस प्रवेश चेकलिस्ट

MD / MS / MDS ADMISSION CHECKLIST

(प्रवेश हेतु आवश्यक दस्तावेजों एवं औपचारिकताओं की संक्षिप्त सूची)

(A Brief Summary of Documents and Formalities Required for Admission)

PARTICULARS	DETAILS OF CANDIDATE
ACADEMIC SESSION	
NAME	
DESIGNATION	
DEPARTMENT	
CATEGORY	
ALLOTTED CATEGORY	
MOBILE NO.	

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**DETAILS OF CANDIDATE, ADMISSION FEE PAYMENT AND DOCUMENTS
SUBMITTED FOR VERIFICATION**

The following documents is in respect of Dr. _____, Registration
ID _____, INICET Rank _____, Category
_____, submitted on _____ at AIIMS, Guwahati.

Admission Fees Submission Details			
Bank Name	DD No. / Transaction ID	Date of issue	Valid up to

Documents Submission Details			
S. No.	Documents	Submitted in original / photocopy	Remarks
01	Registration Slip		
02	Admit card issued by AIIMS		
03	Offer Letter		
04	Allocation Letter		
05	Marksheets of MBBS/BDS (all professionals)		
06	MBBS/BDS Degree Certificate		
07	Internship Completion Certificate		
08	Provisional/Permanent registration certificate by MCI/State Medical		
09	Caste certificate (If applicable) 1. OBC NCL 2. EWS 3. SC 4. ST 5. PwBD		
10	Birth Certificate/10 th /12 th		

Candidate sign

AIIMS, Authority Sign

AFFIDAVIT BY THE STUDENT
(On Rs 100/- NON-JUDICIAL STAMP PAPER)

I, _____, S/o/D/o/Mr./Mrs. _____
_____, Resident of _____, do hereby solemnly affirm and
declare as under:

1. That I am joining as a Postgraduate Student in the _____ course at All India
Institute of Medical Sciences (AIIMS), Guwahati.

2. That I am a citizen of India.

3. That I have gone through and fully understood the AIIMS Regulations/Directives regarding
Ragging and Anti-Ragging Measures, including the Office Orders issued for curbing the menace of
ragging, to be followed by all students of AIIMS Guwahati.

4. I hereby solemnly affirm that:

(a) I shall not indulge or involve myself in any act or behaviour which may come under
the definition of ragging.

(b) I shall not participate in, abet, or propagate ragging in any form whatsoever.

(C) I shall not cause any physical or psychological harm or harassment to any student.

(d) I fully understand that if I am found indulging in or guilty of any act of ragging within
or outside the AIIMS campus, I shall be liable for punishment as per the applicable AIIMS
Regulations/Directives and the law in force, and I shall be solely responsible for the
consequences thereof.

(e) That no criminal case, vigilance case, disciplinary proceeding, FIR, or any other case
of similar nature is pending or contemplated against me before any Court of Law, Police
Authority, Vigilance Authority, Government Agency, or Institution as on date.

(f) That the information furnished by me in connection with admission to the said course
is true and correct to the best of my knowledge and belief. In the event of any information being
found false or incorrect at any stage, my admission shall be liable to be cancelled forthwith,
apart from any other action as deemed fit by the Institute.

Deponent / Signature of Student

**Verified at _____ on this _____ day of _____, 20 that the contents of this
affidavit are true and correct to the best of my knowledge and belief and nothing material has
been concealed therein.**

Signature of Deponent

Name: _____

Address & Contact No.: _____

AFFIDAVIT BY THE PARENT/GUARDIAN
(ON RS. 100/- NON-JUDICIAL STAMP PAPER)

I, _____, Father/Mother/Guardian of
Dr. _____, Resident of _____, do hereby solemnly
affirm and declare as under:

1. That my ward has been admitted to the _____ course at All India Institute of Medical Sciences (AIIMS), Guwahati.
2. That I have received, carefully read, and fully understood the AIIMS Regulations/Directives and the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, including all instructions and Office Orders issued in this regard.
3. That I am fully aware of the meaning of ragging and the penal as well as administrative actions that may be taken against my ward in case he/she is found guilty of ragging, abetting ragging, or being part of any conspiracy related to ragging, either directly or indirectly.
4. I hereby solemnly undertake that:
 - (a) My ward shall not indulge in any act or behaviour that may constitute ragging in any form.
 - (b) My ward shall not participate in, abet, or propagate ragging through any act of commission or omission.
 - (c) My ward shall maintain proper discipline and decorum within and outside the Institute campus.
5. I hereby affirm that if my ward is found guilty of ragging, he/she shall be liable for punishment as per applicable AIIMS Regulations, UGC Regulations, and other laws in force, without prejudice to any criminal action that may be initiated under the relevant provisions of law.
6. I further declare that my ward has not been expelled, debarred, or disqualified from admission in any Institution/University on account of being found guilty of ragging or abetting ragging.
7. I also declare that no criminal case, vigilance case, disciplinary proceeding, or FIR is pending or contemplated against my ward before any Court of Law, Police Authority, Vigilance Authority, Government Agency, or Institution as on date.
8. I hereby affirm that the information furnished herein is true and correct to the best of my knowledge and belief. In the event of any declaration being found false or incorrect, the admission of my ward shall be liable to be cancelled forthwith.

Declared at _____ on this _____ day of _____, 20.

Signature of Deponent (Parent/Guardian)

Name: _____

Relationship with Candidate: _____

Address: _____

Telephone / Mobile No.: _____

VERIFICATION

Verified at _____ on this _____ day of _____, 20 that the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing material has been concealed therein.

Signature of Deponent

Solemnly affirmed and signed before me on this _____ day of _____, 20.

OATH COMMISSIONER / NOTARY PUBLIC

DECLARATION BY THE OBC (NCL) CANDIDATE

I, _____ Son/ Daughter of
Village/ Town/ City _____
District _____ State _____ hereby
declare that I belong to _____ the community which is
recognized as a backward class by the Government of India for the purpose of reservation in
service as per orders contained in the Department of Personnel and Training office
memorandum number 36012/2293.Estt.(SCT) dated 08.09.1993.

It is also declared that I do not belong to persona/ section (creamy layer) mentioned in column
3 of the schedule to the above referred office memorandum dated 08.09.1993.

Name:

Signature:

Address:

UNDERTAKING BY THE STUDENT

I, _____, S/o / D/o Mr./Mrs.
_____, Resident of
_____,
have qualified the INI-CET Examination held in the year _____ for admission to the
_____ course at All India Institute of Medical Sciences (AIIMS), Guwahati.

2. I hereby certify and undertake that all the documents/certificates submitted by me, including but not limited to MBBS/BDS Degree Certificate, Marksheets of all Professional Examinations, Internship Completion Certificate, Date of Birth Proof, Registration Certificate issued by NMC/MCI/State Medical Council, Category Certificate (SC/ST/OBC-NCL/EWS/PwBD), and any other supporting documents submitted at the time of admission are genuine, authentic, and valid.

3. I further undertake that in the event of any information or document submitted by me being found false, fabricated, incorrect, or invalid at any stage, my candidature/admission shall be liable to be cancelled forthwith, apart from any other action deemed fit by the Institute as per applicable rules and regulations.

Date: _____

Place: _____

Signature of the Candidate

Name: _____

Address: _____

Contact No.: _____

ANTI-RAGGING POLICY

As per the directions of the Hon'ble Supreme Court of India and the Regulations issued by the University Grants Commission (UGC) and Government of India from time to time, ragging in any form is strictly prohibited within as well as outside the campus premises of All India Institute of Medical Sciences (AIIMS), Guwahati. The Institute is committed to maintaining a safe, dignified, and conducive academic environment for all students.

Accordingly, every student admitted to AIIMS Guwahati shall be required to submit an undertaking/declaration affirming that he/she shall abide by the Anti-Ragging Regulations and submit himself/herself to the disciplinary jurisdiction of the Director and other competent authorities of the Institute empowered under the relevant Acts, Statutes, Rules, and Regulations.

PROHIBITION OF RAGGING

1. Ragging in any form is strictly prohibited within the premises of the Institute, Departments, Hostels, Campus areas, and any place connected with AIIMS Guwahati, including outside the campus.
2. Any individual or collective act, conduct, or practice amounting to ragging shall be treated as gross indiscipline and misconduct.
3. For the purpose of these regulations, "Ragging" includes any act by a senior student or group of students which has the effect of harassing, intimidating, humiliating, threatening, abusing, or causing physical or psychological harm to a newly admitted or junior student, including but not limited to:
 - (a) Physical assault, threat, or use of physical force;
 - (b) Any act affecting the dignity, honor, or modesty of women students;
 - (c) Any act targeting students belonging to SC/ST/OBC or other vulnerable categories;
 - (d) Exposure to ridicule, humiliation, or contempt affecting self-esteem;
 - (e) Verbal abuse, aggressive behaviour, indecent gestures, or obscene acts.

ACTION AGAINST RAGGING

1. The Director, Dean, Hostel Superintendent, Faculty Members, and other competent authorities of AIIMS Guwahati shall take immediate and appropriate action upon receiving any information regarding ragging.
2. The Dean or any authorized authority may suo moto inquire into any incident of ragging and submit a report regarding the identity of the persons involved and the nature of the incident to the Director.
3. Appropriate disciplinary action may be initiated based on the findings of the inquiry and the seriousness of the offence.
4. Depending upon the gravity of the misconduct, punishment may include:
 - (a) Warning or reprimand;
 - (b) Suspension from classes/hostel;
 - (c) Withholding of scholarships/fellowships or other benefits;
 - (d) Debarring from examinations or academic activities;
 - (e) Rustication for a specified period;
 - (f) Expulsion from the Institute;
 - (g) Cancellation of admission/result;
 - (h) Filing of FIR/criminal proceedings under applicable law.
5. Abetment, participation, conspiracy, or propagation of ragging in any form shall also be treated as ragging and punished accordingly.
6. In case of any inconsistency between these rules and the policy/instructions issued by the Government of India or UGC from time to time, the Government of India/UGC guidelines shall prevail.

Candidate Signature

OATH

I, Dr. _____, do swear/solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established; that I will uphold the sovereignty and integrity of India; and that I will carry out my duties and responsibilities as a Postgraduate Student of All India Institute of Medical Sciences (AIIMS), Guwahati honestly, sincerely, ethically, and with impartiality.

(So, help me God!)

Date: _____

Name: _____

Department: _____

Course: MD / MS / MDS

Designation: _____

Signature: _____

शपथ

मैं, डॉ. _____, यह शपथ लेता/लेती हूँ अथवा सत्यनिष्ठापूर्वक प्रतिज्ञान करता/करती हूँ कि मैं भारत तथा भारत के संविधान के प्रति, जो विधि द्वारा स्थापित है, सच्ची श्रद्धा और निष्ठा रखूँगा/रखूँगी; भारत की प्रभुता एवं अखंडता को अक्षुण्ण बनाए रखूँगा/रखूँगी; तथा अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी के स्नातकोत्तर छात्र/छात्रा के रूप में अपने कर्तव्यों एवं दायित्वों का निर्वहन ईमानदारी, निष्ठा, नैतिकता एवं निष्पक्षता के साथ करूँगा/करूँगी।

(हे ईश्वर मेरी सहायता करें!)

दिनांक _____

नाम _____

विभाग _____

पाठ्यक्रम MD / MS / MDS

पदनाम स्नातकोत्तर छात्र/छात्रा

हस्ताक्षर _____

CHARACTER CERTIFICATE

This is to certify that I have known Mr./Ms./Dr. _____,
Son/Daughter of Shri _____,
for the last _____ years _____ months.

During this period, he/she has been found to bear good moral character, conduct, and reputation. To the best of my knowledge and belief, he/she has not been involved in any activity unbecoming of a student/professional and is of _____ nationality.

Place _____

Date _____

Signature
Designation with Office Address & Stamp

This certificate should be issued by any one of the following authorities: -

1. Gazetted Officer of Central or State Government
2. Member of Parliament or State Legislature
3. Sub-Divisional Magistrate / Officer
4. Tehsildar / Naib Tehsildar authorized to exercise magisterial powers
5. Principal / Headmaster of a recognized School/College/Institution last attended by the candidate
6. Block Development Officer
7. Post Master
8. Panchayat Inspector

CHARACTER CERTIFICATE

This is to certify that I have known Mr./Ms./Dr. _____,
Son/Daughter of Shri _____,
for the last _____ years _____ months.

During this period, he/she has been found to bear good moral character, conduct, and reputation. To the best of my knowledge and belief, he/she has not been involved in any activity unbecoming of a student/professional and is of _____ nationality.

Place _____

Date _____

Signature
Designation with Office Address & Stamp

This certificate should be issued by any one of the following authorities: -

1. Gazetted Officer of Central or State Government
2. Member of Parliament or State Legislature
3. Sub-Divisional Magistrate / Officer
4. Tehsildar / Naib Tehsildar authorized to exercise magisterial powers
5. Principal / Headmaster of a recognized School/College/Institution last attended by the candidate
6. Block Development Officer
7. Post Master
8. Panchayat Inspector

MARITAL DECLARATION

I, Shri/Smt./Kum./Dr. _____, hereby declare as under:

- (a) That I am unmarried / a widower / a widow.
- (b) That I am married and during the lifetime of my spouse, I have contracted another marriage. The application for grant of exemption is enclosed.
- (c) That I am married and have more than one husband/wife living. The application for grant of exemption is enclosed.
- (d) That I am married and my husband/wife has no other living wife/husband, to the best of my knowledge.
- (e) That I have contracted marriage with a person who has already one wife or more living. The application for grant of exemption is enclosed.

I solemnly affirm that the above declaration is true to the best of my knowledge and belief. I understand that in the event of the declaration being found incorrect or false after my appointment/admission, I shall be liable for action as per applicable rules and regulations.

Date: _____

Place: _____

Signature of Candidate: _____

Name of Candidate: _____

NOTE:

1. Please strike out/delete clauses not applicable.
2. Applicable supporting documents may be enclosed in case of clauses (b), (c), and (e).
3. Marriage Certificate shall be submitted in case of married candidates.

MANDATE FORM

Paste your recent
self-attested
photograph

PERSONAL DETAILS	
Particulars	Details
Name of the Candidate/Employee	
Father's/Husband's Name	
Department/Course	
Designation/Programme	
Registration No./Employee ID	
Mobile Number	
E-mail ID	
Aadhaar No.	
PAN Card No.	

BANK DETAILS	
Particulars	Details
Name of the Bank	
Branch Name	
Branch Address	
Account Holder Name	
Account Number	
IFSC Code	
MICR Code (if available)	
Type of Account (Savings/Current)	

DECLARATION

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I authorize All India Institute of Medical Sciences Guwahati to credit my Salary/Stipend/Any other admissible payment directly into the above-mentioned bank account.

Enclosures:

1. Self-attested copy of cancelled cheque/bank passbook.
2. Self-attested copy of Address proof/Identity proof.

Date: _____

Place: _____

Signature of Candidate/Employee: _____

Name: _____

DECLARATION OF DEPENDENT FAMILY MEMBERS

S. No.	Particulars	Details
1	Name	
2	Designation	
3	Date of Birth	
4	Date of Appointment	

Sl. No.	Name(s) of Family Member(s)	Date of Birth	Age as on Date	Relationship	Marital Status	Category	Personal Annual Income
1							
2							
3							
4							
5							

Category:

- (a) Employed
- (b) Pensioner
- (c) Family Pensioner
- (d) Others

DECLARATION

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief.

- (i) I undertake to keep the above particulars up to date by notifying the Head of Office regarding any addition, deletion, or alteration in the dependent family members.
- (ii) "Family" for this purpose means family as defined in Clause (b) of Sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.
- (iii) Wife and husband shall include respectively judicially separated wife and husband.
- (iv) Self-certified proof of Date of Birth is enclosed in respect of dependent brothers/sisters, if any.

Signature of the Candidate

JOINING REPORT

To,
The Executive Director
All India Institute of Medical Sciences Guwahati.

Paste your recent
self-attested
photograph

Subject: Joining/reporting as Postgraduate Student.

Reference: Admission to Postgraduate Course _____ for
Session _____.

Sir/Madam,

With reference to Offer Letter No. _____ dated
_____, regarding my admission to the _____
course in the subject of _____ at AIIMS Guwahati under
_____ category, I hereby submit my joining report. I, Dr.
_____, agree to pursue the
above course as a regular full-time postgraduate student for the prescribed duration of the
academic programme.

I have joined/reported the above course on _____ (Date) in the Department of
_____ at AIIMS Guwahati in the (FN/AN).

Yours faithfully,

Date: _____

Signature of the Student: _____

Name of the Student: _____

Offer Letter No.: _____

Roll No.: _____

Category: _____

Counselling Round: _____

FOR OFFICE USE

Certified that Dr. _____ has
joined/reported to the Department of _____
at AIIMS Guwahati as a whole-time regular postgraduate student on _____
(Date) in the _____ (FN/AN).

Head of the Department

Dean (Academics)

Executive Director

Signature & Seal

Signature & Seal

Signature & Seal

UNDERTAKING FOR PENDING DOCUMENTS

I, Dr. _____, INI-CET Roll
No. _____, S/o/D/o
_____, hereby undertake
and declare that I shall submit the following pending document(s) within 15 days from the date
of my reporting/joining at All India Institute of Medical Sciences Guwahati.

In the event of failure to submit the required document(s) within the stipulated period, I
understand that my candidature/admission may be treated as withdrawn/cancelled at any stage
during the course of study, without any further notice.

Pending Documents:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of Candidate: _____

Name of Candidate: _____

Allotted Department: _____

Date: _____

Contact No.: _____

APPLICATION FORM FOR ALLOTMENT OF RESIDENCE

PERSONAL DETAILS		
S. No.	Particulars	Details
1	Name (in Block Letters)	
2	Designation	
3	Department / Section	
4	Gender	Male / Female / Other
5	Date of Birth	
6	Marital Status	Married / Unmarried / Widower / Widow
7	Mobile Number	
8	E-mail ID	
9	Aadhaar Number	
10	PAN Card Number	
11	Permanent / Home Town Address	
12	Correspondence Address	
13	Name of Father	
14	Name of Mother	
15	Name of Spouse	
16	Whether spouse is employed in AIIMS Guwahati	Yes / No
17	If yes, Name, Designation & Department of Spouse	
18	Service Status	Permanent / Temporary / Contractual / Tenure
19	Category	UR / OBC / SC / ST / EWS
20	Whether Person with Benchmark Disability (PwBD)	Yes / No
21	Date of Joining at AIIMS Guwahati	

PAY PARTICULARS

S. No.	Particulars	Details
1	Pay Band / Pay Scale (₹)	
2	Basic Pay as per 7th CPC (₹)	
3	Pay Level as per Pay Matrix	
4	Present Grade Pay / Level	
5	Date of Promotion (if any)	
6	Previous Pay Level continuously drawing from	
7	Gross Monthly Salary (₹)	

ACCOMMODATION DETAILS

S. No.	Particulars	Details
1	Type of accommodation applied for	
2	Whether presently occupying Government accommodation	Yes / No
3	If yes, provide details of accommodation occupied	
4	Name of Department/Organization allotting the accommodation	
5	Date of occupation of present accommodation	
6	Whether you/your spouse own any house within Guwahati Municipal area or adjoining municipality	Yes / No
7	If yes, furnish details	
8	Whether AIIMS Guwahati accommodation was refused earlier	Yes / No
9	Whether debarred from Government accommodation allotment earlier	Yes / No
10	If yes, provide details/reasons	
11	Particulars of residential accommodation provided earlier by AIIMS Guwahati, if any	
12	Special request/preference, if any	

FAMILY DETAILS
DETAILS OF FAMILY MEMBERS PROPOSED TO RESIDE WITH THE
APPLICANT

S. No.	Name	Age	Relationship	Marital Status	Whether Entirely Dependent on Applicant
1					
2					
3					
4					
5					

DECLARATION

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief.

I agree to abide by the AIIMS Guwahati Residential Accommodation Rules, 2022 and amendments issued from time to time, or any other relevant allotment rules applicable thereto.

I understand that:

1. Furnishing false or misleading information may lead to cancellation of allotment and disciplinary action.
2. Subletting/misuse of accommodation shall attract penal action as per applicable rules.
3. Mere submission of application does not guarantee allotment of accommodation.
4. Allotment, retention, cancellation, vacation, and related matters shall be governed strictly by Institute rules.

I further undertake to intimate the competent authority immediately regarding any change in my service status, family particulars, pay particulars, or residential status.

Date: _____

Signature of the Applicant: _____

Name: _____

Designation: _____

Department: _____

**APPLICATION FOR ISSUE OF IDENTITY CARD (TO BE FILLED UP
IN CAPITAL LETTER ONLY)**

Affix
Passport
size photo

Name: (In CAPITAL LETTERS with prefix SHRI/MS/MRS/DR)

First Name																			
Middle Name																			
Last Name																			

Designation																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Department																			

Date of Joining			/			/				
------------------------	--	--	---	--	--	---	--	--	--	--

Date of Birth			/			/				
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DD(Admin)/ AO(Admin)

**Signature of the Applicant
(with black ink)**

Mark of Identification

Blood Group		Mobile No.													
--------------------	--	-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail ID	
------------------	--

Permanent Address (IN CAPITAL LETTERS)

AT	:																		
PO	:																		
PS	:																		
Dist.	:																		
State	:																		
PIN	:																		

Date of Issue			/			/				
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Library Use	
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