



शैक्षिक विभाग (Academic Section)
अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, G E Road
Raipur, Chhattisgarh - 492 099

Identity Card Form

Paste your passport size
colored photograph*

(Signature within above box with blue ink)

Institute Roll No.

Name of Applicant*
(In Capital Letters)

Father's Name*
(In Capital Letters)

Date of Birth*

: D D - M M - Y Y Y Y

Course
(Please tick any one of
these)

MBBS	MDS	B.Sc. (MTR)	PTT	PhD
INTERN	DM	B.Sc. (MLT)	ADRT	MPH
MD	MCh	B.Sc. (OTT)	B.Sc. (H.) Nursing	
MS	PDCC	BASLP	M.Sc. Nursing	

Department (For PGs)

Admission Batch* : January/July - 20.....

Blood Group*

Present Address*
(In Capital Letters)
***Candidate has to submit proof
of address if not staying in
AIIMS hostel**

Room No. -
P I N -

Permanent Address*
(In Capital Letters)

P I N -

Mobile No.*

Emergency Contact No.*

should not be same as above mobile no.

Email Address*
(in Capital Letters)

Date of Application*

: D D - M M - 2 0 Y Y

Signature of Respective Hostel Warden*

Signature of the Applicant*

* All fields must be filled.