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**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MADURAI**

(Under PMSSY Division, Ministry of Health & Family Welfare, Government of India)

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**Student Details (in capitals)**

Name:

Date of Birth:

Age:

Sex:

Phone:

Email Id:

**Parents/Guardians details**

Father name:

Mother Name:

Guardian Name:

Communication address:

Phone:

Alternate phone:

Email Id:

**Student's Signature**

**Parents Signature**