



அகில இந்திய மருத்துவ அறிவியல் நிறுவனம் மதுரை, தமிழ்நாடு  
अखिल भारतीय आयुर्विज्ञान संस्थान, मदुरै, तमिलनाडु

All India Institute of Medical Sciences, Madurai, Tamil Nadu

पीएमएसएसवाई प्रभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत, भारत सरकार

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

JIPMER, Puducherry - Mentor Institute, Email : registrar.aiimsmadurai@gmail.com

**Annexure - 3**

**Identity card application form for students**

(All fields are mandatory and to be filled in block letters)

|                                                                                                 |                                                     |  |  |  |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|--|--|
| AIIMS Madurai Roll number<br>(will be given at the time of admission) :                         |                                                     |  |  |  |
| Name of the student (in full): :                                                                |                                                     |  |  |  |
| Course :                                                                                        |                                                     |  |  |  |
| Campus :                                                                                        | AIIMS Madurai                                       |  |  |  |
| Date of birth (DD/MM/YYYY) :                                                                    |                                                     |  |  |  |
| Date of admission :                                                                             |                                                     |  |  |  |
| Blood group :                                                                                   |                                                     |  |  |  |
| Mobile number :                                                                                 |                                                     |  |  |  |
| Emergency contact number :                                                                      |                                                     |  |  |  |
| Aadhaar number :                                                                                |                                                     |  |  |  |
| Email ID :                                                                                      |                                                     |  |  |  |
| Present residential address:<br>(Hostellers will fill their room number after room allotment) : |                                                     |  |  |  |
| Pin code                                                                                        | <table><tr><td></td><td></td><td></td></tr></table> |  |  |  |
|                                                                                                 |                                                     |  |  |  |
| Signature :                                                                                     |                                                     |  |  |  |
| Date of application :                                                                           |                                                     |  |  |  |
| For office use                                                                                  |                                                     |  |  |  |
| ID card printed on :                                                                            |                                                     |  |  |  |