## ALL INDIA INSTITUTE OF MEDICAL SCIENCES Ansari Nagar, New Delhi-110029 HOSTEL SECTION

- 5 dy				Dated	######################################
To,	The Superintendent of Hoste A.I.I.M.S., New Delhi-110029	els I		AFFIX TWO	) PHOTOS HERE
	SUB: APPLICATION FOR ALI	LOTMENT (	OF HOSTEL ACCO	ADOMMC	TION
Sir hoste	I am working as a Sister				
belov 1	Name (in BLOCK letters)	-			particulars are as
2.	Designation				**************************************
3,	Date of Joining	*****************	*212017457457457444444444444444		(About contay covered site) of places as
4. 5.	Date of Retirement				
б.	Permanent Home Address & Tel. No.				
		erekunsk meg per ar mengen	*** *****************************	***********	
<b>7</b>	Local Guardian's Name & Address in	Delhi/ New D	elhi & Tel. No	12710514414664444	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			t and the total panel service Proposition best	***************	There become recovery
8.	Whether married or unmarried	*******************		esteumereelfunksig en	

Contd...2/-...

9.	Name of the spouse and his occupation, (In case of employment under Government autonomous organization/ PSU, details may be provided).	ent/
	Team.co.d 750, details may be provided).	
Exi.		
		3.4.
	有一个大大的,我们是一个一个一个一个一个一个一个一个一个一个一大的一大的一大的一大,也没有有什么。	*****
10.	Hostel Security of Rupees	NE http:
11.		
, ve , e .	Receipt No	
DECL	LARATION	
	lagree to abide by the brotal rules and and a	. :
	I agree to abide by the hostel rules and regulations, in force, regarding the allotment of Ho Accommodation and the use of hostel rooms. I, further state that I will abide by all such orcess may be issued from time to the	itel
	as may be issued from time to time by the Superintendent of Hostels and on his behalf by	ers
	appropriate authority.	an
		. 11
	Yours faithf	illy
	and the second s	
	This application should be forwarded by the Uned a Charac	
	This application should be forwarded by the Head of the Department/ Chief Nursing Officer.	
		٠.:
	Signature & Stamp Head of the Department/ Chief Nursing Officer	110
	and the transfer of the second	
	그렇는 회문 이 물을 하고 하는 이 사람은 아이를 하지 않는데	
	应生分差的采取车子的零零车车中需要	
Verific.	tation by Establishment Section concerned.	
e State	The particulars furnished by Ms./Mrsin this application	17
orm h	nave been duly verified from her service records.	
	The second secon	
** * .	사람들 회장 하는 사람들은 사람들이 되었다면 그는 사람들이 되었다면 하는 것이다.	÷4.

Signature of Sr. A.O./A.O./A.A.O.