

## CENTRAL LIBRARY ALL INDIAN INSTITUTE OF MEDICAL SCIENCES, BHUBANESWAR

## BHUBANESWAR-751019

Name in Full (IN CAPS):		
Date of Birth:	Dept/ Sec/ Centre:	Photograph
Designation:	Phone:	
Email:		
(Attach Photocopy of AIIMS Appointme	nt Letter) (Two Stamp Size Photographs)	
Permanent Address:		
House No.: Lane:	Vill. / Town:	
P.O.:	. P.S.: Dist / Ward	<u>1</u> :
State:	PIN Phone:	
Date:		Applicant's Signature
Recommendation from HOD/I	OOS/HOC:	
Dr/Mr/s	has Joined AIIMS as	
in the Dept./Sec/Centre:	on	/
	Recommended for Membership	
Date:	S	Signature of HOD/HOS/HOC
	For Library Use Only	
<b>Borrower No:-</b>		
		Signature & Seal
Date:		Circulation Section