

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
PHULWARISHARIF PATNA -801507
HOSTEL SECTION

HOSTEL- NO DUES FORM

NAME _____ DESEGINATION _____
DEPARTMENT _____ NAME & HOSTEL NO. _____
ROOM NO. _____ DATE OF COMPLETION OF TENURE _____
DATE OF VACATION OF ROOM _____ PENAL/ NORMAL RENT AMOUNT IF
ANY Rs. _____ DATE _____ RECEIPT NO. _____

PLEASE NOTE:

Male U.G. students S. No UG Hostel 1& 2, Resident's Hostel 1&2 is applicable

Female U.G. students S. No Female UG Hostel & Nursing Hostel is applicable

Male Patna AIIMSSONIAN P.G. Residents S. No UG Hostel 1& 2, Resident's Hostel 1&2 is applicable.

Male Non acaed JR. Resident's S. No. UG Hostel 1& 2, Resident's Hostel 1&2 is applicable

Female Non acaed JR S. No. Female UG Hostel & Nursing Hostel is applicable

Male SR Resident's UG Hostel 1& 2, Resident's Hostel 1&2, AIIMS Residential Complex is applicable.

Female SR Resident's UG Hostel 1& 2, Resident's Hostel 1&2 ,Female UG Hostel & Nursing Hostel, AIIMS Residential Complex is applicable.

Female Nursing Students & Staff S. No. Female UG Hostel, Nursing Hostel AIIMS Residential Complex is applicable.

Sr. No.

1. WARDEN-IN-CHARGE UG HOSTEL NO. 1 & 2
2. WARDEN-IN CHARGE Resident's HOSTEL NO. 1 & 2
3. WARDEN-IN-CHARGE Female UG HOSTEL NO.
4. WARDEN-IN-CHARGE Nursing HOSTEL NO.
5. Faculty-In-Charge Guest House
6. Faculty-In-Charge Transit Accommodation.
7. Administrative Officer (For AIIMS Residential Complex).

(WARDEN)