



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

(An Institution of National Importance under Ministry of Health & Family Welfare, GOI)

Address: Plot No.2, Sector-20, MIHAN, Nagpur-441108

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अधिष्ठाता कार्यालय / OFFICE OF THE DEAN

AIIMS/NGP/ACAD/2025/Notice - 94A/ 542

Date: 14/08/2025

Notice for MBBS 2025 Batch Students

1. Hostel allotment will start from 20th to 24th August 2025.
2. Those students who have been retained at AIIMS Nagpur should report to the hostel with the Provisional admission letter and duly filled Hostel allotment form (attached)

Contact numbers of Hostel wardens are as follows:

Girls Hostel - Mrs. Sunita Patel – 8518887379

Boys Hostel – Mr. Pankaj Jibhakate - 9923139024



Dean (Academics)
AIIMS Nagpur

डॉ. मृणाल फाटक / Dr. Mrunal Phatak
अधिष्ठाता (शैक्षणिक) / Dean (Academics)
अखिल भारतीय आयुर्विज्ञान संस्थान, नागपूर-महाराष्ट्र
AIIMS, Nagpur - Maharashtra

Copy to: -

1. Hostel In-charge
2. Warden boys & girls Hostel
3. IT Section for the Institute website
4. Guard file

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

Website: www.aiimsnagpur.edu.in

HOSTEL ACCOMMODATION FORM

(To be filled by the applicant in his/her own handwriting clearly and carefully)

(For MBBS Student)

For Office Use

Hostel Allotted : _____

Room No. : _____

College Roll No. : _____

Admission Year : _____

Affix
recent passport
size coloured
photograph

1. Student Name (in capital) : _____

2. Course for which admission taken: MBBS

3. Date of Birth : _____

4. Sex: Male Female

5. Student's Mobile : _____ Email ID: _____

6. Father's Name : _____

7. Father's Occupation : _____

8. Mother's Name : _____

9. Mother's Occupation : _____

10. Father's Mobile No. : _____ Mother's Mobile No. : _____

11. Parents Email ID : _____

12. Permanent Residential Address (with phone number and STD code) : _____

13. Address for Correspondence : _____

14. Name and Address of local guardian (with Mobile/Telephone no.) : _____

15. Relation of student with local guardian : _____

16. Serious ailment, if any : _____

17. Blood group : _____

18. Admission Fee bill receipt No. : _____ Dated : _____

Date :

Signature of Student