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-441124
Email: academics@aiimsnagpur.edu.in Phone: 07103-295707
अधिष्ठाता कार्यालय / OFFICE OF THE DEAN

*AIIMS/NGP/ACAD/2026/Notice - 94A/735* *Date: 21/08/2026*

# Notice regarding Hostel Allotment for MBBS 2026 Batch Students.

1. Hostel allotment will start from 22nd Aug 2026 to 31st Aug 2026.

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

T.S. Gugapriya 22.8.26

for Dean (Academics)
AIIMS Nagpur
डॉ. टी.एस. गुगाप्रिया / Dr. T.S. Gugapriya
सह–अधिष्ठाता (शैक्षणिक) / Associate Dean (Academics)
प्राध्यापक / Professor
शरीररचनाशास्त्र विभाग / Dept. of Anatomy
एम्स, नागपुर / AIIMS, Nagpur

Copy to: -

1. Hostel In-charge
2. Warden boys & girls Hostel
3. 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 aliment, if any : _____
17. Blood group : _____
18. Admission Fee bill receipt No. :_____Dated : _____

Date :

Signature of Student