



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR



## MANDATE FORM

NAME					
FATHER /HUSBAND NAME					
DATE OF BIRTH	___/___/___	GENDER	M / F		
CATEGORY	UR/ OBC/ SC/ST	RELIGION	PHYSICALLY CHALLENGED	YES / NO	
DATE OF JOINING	___/___/___	DESIGNATION	DEPARTMENT NAME		
CONTACT DETAILS					
ADDRESS					
CITY		STATE		PIN CODE	
CONTACT NO.		MAIL ID			
BANK DETAILS					
BRANCH & BANK NAME					
A/C NO.		IFSC CODE			
PAN NO.					
AADHAR NO.					
NPS (PRAN) NO. (IF HAVE)					
HAVE YOU BEEN PREVIOUSLY EMPLOYED WITH AIIMS JODHPUR				YES / NO	
IF YES	DESIGNATION		DATE OF JOINING		DATE OF RELIVING

**SIGNATURE**

### INSTRUCTIONS:-

1. Please fill Form in block letters.
2. Enclosed these documents:-
  - I. Copy of PAN card.
  - II. Copy of Bank Account details.
  - III. Copy of Office Memorandum.
  - IV. Copy of PRAN card with NPS (PRAN) shifting form (if already have PRAN No), otherwise fill new subscriber registration form.
3. NPS new subscriber registration form and NPS (PRAN) shifting form available at AIIMS, Jodhpur site.