



निर्देशक (एनिम्स) का कार्यालय  
**OFFICE OF THE DIRECTOR (ANIIMS)**  
अण्डमान निकोबार द्वीप समूह चिकित्सा संस्थान  
**ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES**  
अण्डमान तथा निकोबार प्रशासन  
**Andaman & Nicobar Administration**  
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Date: / /2025

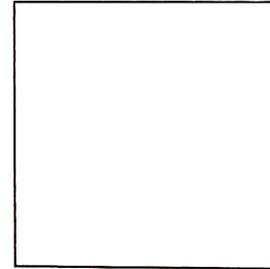
**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that ....., S/o, D/o, W/o  
..... is working as ..... in the  
department of ..... (on contract basis) under Andaman &  
Nicobar Islands Institute of Medical Sciences (ANIIMS), Sri Vijaya Puram since  
..... till date.

This certificate is issued for the purpose of .....

**Permanent address:**

.....,  
.....,  
.....,  
.....



Passport sized photograph  
Duly attested to be pasted here

**Present Address**

.....,  
.....,  
.....,  
.....

**ASSISTANT DIRECTOR, Admin**  
**ANIIMS, Sri Vijaya Puram**