



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

APPLICATION FOR RENEWAL OF CONTRACT - Administration Staff

Name: Department:
Designation: Current Monthly Salary:
Date of Birth: Qualification:
Date of Duty Joining: Date of Contract Expiry:
Permanent Address:
.....
Email Id: Mobile No.

.....
Signature of Staff

Medical Superintendent, GBPH/Assessment by Reporting

Authority:.....
.....

Recommendation of Reporting Authority: *Contract to be renewed/ Contract to be terminated/*
Other Recommendations if any.....

Signature.....

Contract to be renewed/ Contract to be terminated

Director (ANIIMS)