



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- Para Medical**

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

Assessment by Reporting Authority: .....  
.....

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

Remarks by Medical Superintendent: .....  
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Contract to be renewed/ Contract to be terminated

Director ANIIMS