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|  | ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001 ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ Examination Cell |  |
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No. AB/EXAM/2020/60

30 Dec, 2020

NOTICE

It is hereby notified to the MBBS students Batch 2019-20 to comply with the following dates for filling up the Examination Forms for Supplementary Professional Examination .

| Particulars | Important dates | Form Submission (Last Date) |
|-----------------------------|------------------------------|---|
| Examination Form Filling Up | 07 Jan, 2021 to 15 Jan, 2021 | 15 th Jan 2021 (before 5:00PM) |

Note:-

1. Examination Fee = Rs. 200 per subject. (Fee should be deposited in the Account section)
2. Students are to submit their Examination form (download from Institute Website) to Examination section.




Dean Examination
AIIMS Bathinda

Copy to:

1. The Director, AIIMS Bathinda
2. Dean Academic
3. Registrar
4. All Notice Boards
5. Account Officer/Account Branch (For fee Collection)