

 सत्यमेव जयते	<b>ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA</b> <b>JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001</b>	
<b>Examination Cell</b>		

AB/EXAM/2026/101

Dated: 06/03/2026

**SCHEME OF EXAMINATION FOR VARIOUS GROUP A POSTS AT AIIMS BATHINDA**

<b>Name of the Post</b>	<b>Lecturer in Nursing (Assistant Professor)</b>
<b>Date of collection of Admit Card</b>	Admit Cards can be collected on <b>18 April 2026 between 09:00 AM to 05:00 PM</b> and on <b>19 April 2026 between 08:00 AM to 10:00 AM.</b>
<b>(Documents required During collection of Admit Card)</b>	Please Bring Two recent Passport size color Photograph & Valid ID Proof Such as Aadhaar Card, PAN Card, Voter ID or Passport (Hardcopy In Original along with self-attested Photocopy) during the Collection of Admit Card.  <i>Candidates without original photo Id will not be permitted to appear in the examination.</i>
<b>Date &amp; Time of Examination of Stage -I</b>	<b>19 April 2026 (02:00 PM to 03:30 PM)</b>
<b>Reporting Time</b>	<b>19 April 2026 10:30 AM to 01:15 PM</b>
<b>Scheme of Examination</b>	<b>Stage I:</b>  a) The examination will be 100 MCQs Based Questions carrying total 100 marks of 90 minutes duration. Each question will carry 01 mark.  b) There will be negative marking of 1/4 marks for each incorrect answer.  (In stage -I result shortlisted Candidates on merit basis will be 05 times of number of seats advertised in that particular Category)
<b>Interview</b>	Interview will be for 25 marks. The shortlisted Candidates in Stage-I Exam will be called for interview and the final merit list will be prepared out of 125 marks. (100 marks of written Exam + 25 marks of Interview.)
<b>Syllabus of Examination for Stage-I</b>	The syllabus will be in accordance with the education qualification as mentioned in the Eligibility Section of Advertisement.
<b>Rules of Scribe and Compensatory Time</b>	<b>Eligibility for Scribe and/or compensatory time:</b> <b>I. The persons with Benchmark Disabilities (PwBD) defined under section 2(r) of the RPWD Act, 2016</b> A. Persons with Benchmark Disabilities in the categories of blindness, locomotor disability (both arms affected – BA) and cerebral palsy will be provided with the facility of a scribe if desired by the person against self-undertaking as per Appendix A Part A-1. B. The PwBD candidates in the category of blindness, locomotor disability (both arms affected-BA) and cerebral palsy are allowed Compensatory Time of twenty minutes per hour of the examination if desired by the person against self-undertaking as per Appendix A Part A-1. C. In the case of other categories of Persons with Benchmark Disabilities as defined under section 2(r) of the RPWD Act, 2016, the facility of scribe / Compensatory time will be allowed to such applicants on the production of a certificate to the effect that the person concerned has physical limitation in to write, and scribe is essential to write the examination on his behalf from the Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a Government Health Care institution as per the prescribed proforma (Appendix A Both part A-1 and A-2).  <b>II. The persons with specified disabilities covered under the definition of section 2(s) of the RPWD Act, 2016 but not covered under the definition of section 2 (r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.</b>

	<p><b>A. In the case of those with less than Benchmark disabilities as defined under section 2(r) of the RPWD Act, 2016, the facility of scribe and or / Compensatory time shall be granted solely to those having difficulty in writing subject to the production of a certificate to the effect that the person concerned has physical limitation to write and that scribe is essential to write examination on his/her behalf from the competent medical authority of a Government Health Care institution as per prescribed proforma. (Appendix A Both part A-1 and A-3).</b></p>
<b>Request for Scribe and Compensatory time</b>	<p><b>The eligible candidates who desire to get the benefits of scribe and Compensatory time must send the duly filled Annexures attached with to Examination Cell, AIIMS Bathinda through E-mail (examcellaiimsbti@gmail.com) on or before 20.03.2026.</b></p>
<b>Resolution of Tie Cases</b>	<p><b>In cases where more than one candidate secures equal MARKS, tie will be resolved;</b>  <b>(i) First, by using date of birth with older candidates placed higher;</b>  <b>(ii) If not resolved by (i), the number of wrong answers / negative marks will be used, wherein those with fewer wrong answers / negative marks will be placed higher.</b></p>

**Note:- Candidates are advised to visit the AIIMS Bathinda website ([www.aiimsbathinda.edu.in](http://www.aiimsbathinda.edu.in)) regularly for any updates/ information in this regard**

**Sd/-  
Dean Examination**

# Appendix A: Certificate regarding physical limitation in an examinee

APPENDIX-A-1

**LETTER OF UNDERTAKING FOR USING SCRIBE/COMPENSATORY TIME**  
(To be submitted on or before the date as specified in Important Dates of this information brochure)

I \_\_\_\_\_, a candidate with \_\_\_\_\_ (nature of disability/condition) appearing for the  
\_\_\_\_\_ (name of the examination) in the District \_\_\_\_\_,  
(name of the State). My educational qualification is \_\_\_\_\_.

I request the following and undertake to follow the procedure of examination: -

A. FOR SCRIBE (Tick Sl no. 1 as applicable):

1.  I hereby request the AIIMS Bathinda to provide a scribe to assist me in the above-said Examination.

Note: All persons taking scribe as above will be allowed compensatory time.

B. FOR COMPENSATORY (WITHOUT SCRIBE):

My physical limitations hamper my writing capability, and I need compensatory time. In case it is found that the information declared by the undersigned, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate)

Place:

Date:

**CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE**  
**(To be submitted on or before the date as specified in Important Dates of this information brochure)**

This is to certify that, I have examined Mr / Ms/ Mrs \_\_\_\_\_  
(name of the candidate with disability), a person with  
\_\_\_\_\_ (nature and percentage of disability as mentioned in the certificate of  
disability),S/o/D/o \_\_\_\_\_, a resident of  
\_\_\_\_\_(Village/ District/ State) and to state that he / she has physical limitations which hampers his/her  
writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a  
Government health care institution.

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Name of Government Hospital / Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream / disability (e.g. Visual impairment-  
Ophthalmologist, Locomotor disability- Prthopaedic specialist/ PMR).

*Please see that you must submit any other certificate (if applicable) within the due date as mentioned  
in the prospectus in addition to this, failing which the above facilities may not be provided.*

**Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2 (r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.**

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This is to certify that, we have examined Mr./Ms/Mrs \_\_\_\_\_ (name of the candidate), S/o / D/o \_\_\_\_\_, a resident of \_\_\_\_\_ (Vill/PO/PS/District/State), aged \_\_\_\_\_ yrs, a person with \_\_\_\_\_ (nature of disability/ condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate users aids and assistive device such as prosthetics & orthotics, hearing aid \_\_\_\_\_ (name to be specified) which is/are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto \_\_\_\_\_ (it is valid for maximum period of six months or less as may be certified by the medical authority).

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic/PM R specialist	Clinical Psychologist/Rehabilitation Psychologist/Psychiatrist/Special Educator	Neurologist (If available)	Occupational therapist (If available )	Other Expert, as nominated by the Chairperson (If any)
Signature & Name				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:  
Date: