

## ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA

JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001

ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰ ਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ अखिल भारतीय आयुर्विज्ञान संस्थान, बठिंडा

## **UNDER GRADUATE EXAMINATION FORM**

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			Exan	nination Forn	ı No.		
	Candidate Enr	rolment No:			$\Box$		
To, Examination Section AIIMS, BATHINDA							<u>                                     </u>
I request permission to present my Examination to be held in Feb -Mar I furnish my details as stated belov 1. CANDIDATE'S NAME in CAPITAL	of Year v: -		r GAZETTE No		fessional	/Supplem	entary
2. CANDIDATES'S NAME in DEVNA	GIRI SCRIPT (Hindi)(	Strictly as pe	r Class XII or G	AZETTE Noti	fication)	)	
3. MOTHER'S FIRST NAME in CAPIT	TAL Letters :						
4. FATHER'S /HUSBAND NAME in C	CAPITAL Letters :						
5. Candidate's Postal Home Addre	ss in CAPITAL Letter	rs:					
							<u> </u>
		<u>                                     </u>					
State:		Pin code:					
Contact No. :		7					
		]					
6. Email Address:							
7. Sex 9. Nationality	Male Indian	Femal		Date of Birth Date Mo	(As per Clas onth	ss-XCertificate Yea	
10. If Physically Handicapped	Yes	No	[				
11. Appearing as	Fresh	○ Repea	t Attempt				
			7				
						Affix Stamp	
			]			Size Photo	
Left Hand Thumb Impression	Signature o	of Candidate					

Sr.No.	Subject Name	Subject Code	
	DE	ECLARATION	
atter 2) I here 3) I shall the e 4) I here 5) I am r 6) I am r	by declare that I have not availed of any attempts permissible, by AIIMS Bathinda for the suby declare that I have gone through the syllar be responsible if my application form is reject amination form.  By declare that I shall not claim any concess not defying the criteria of the admission ordered admitted to the course after the cut-off of the admitted to the course after the cut-off of the admitted to the course after the cut-off of the admitted to the course after the cut-off of the admitted to the course after the cut-off of the admitted to the course after the cut-off of the admitted to the course after the cut-off of the admitted to the course after the cut-off of the admitted to the course after the cut-off of the admitted to the course after the cut-off of the admitted to the course after the cut-off of the admitted to the course after the cut-off of the admitted to the course after the cut-off of t	said examination. abus prescribed. ected for any errors, we ion on religious ground	rong or incomplete entries made by me in
Place: Date:			Signature of Candidate
l certif		TION BY THE DEAN	
Shri/Sn	nt/Kumarided the classes and	is a bonafide s	student of this college and has satisfactorily
2. El 3. H	is/her attendance is not less than as prescrib igibility in cases of NRI, AI, etc. has already b ie/she was allowed / not allowed to appear f ne candidate has completed that academic to	een sought (wherever or previous examination	applicable). on.
te 5. H 6. Th	ests as per the Institute rules (wherever appli e/She is not admitted to the course after the nat the information furnished by the said car s Eligible /Not Eligible to appear for Institute	cable). cut-off date for grant ndidate is verified from	ofterms.
Place	:		
Date:			Signature & Seal of the
			Associate Dean (Examination)

ASSOCIATE Dean (Examination)
AllMS, Bathinda