

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001 ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ अखिल भारतीय आयुर्विज्ञान संस्थान,



Examination Cell

No. AB/EXAM/2023 /2 9

Dated. 10/02/2023

NOTICE

It is hereby notified to the First Professional Supplementary M.B.B.S Batch-2021 & Re-Supplementary M.B.B.S Batch-2020 students to comply with the following dates for filling up the examination forms for First Professional Supplementary Examination

| Particulars | Form Submission (Start Date) | Form Submission (Last Date) |
|-------------------------------|------------------------------|---|
| Examination Form Filling Date | 13 th Feb 2023 | 20 th Feb 2023 (before 5:00PM) |

Note: -

- 1. Examination Fee = Rs. 200 per subject. (Fee should be deposited in the Account section).
- 2. Student can download the Examination Form from Institute website.
- 3. Student must submit one additional passport size photograph along with the Examination Form. Julielle 10-02-2023

4. Students are to submit their Examination form in the Examination Cell.

Prof (Dr.) Akhilesh K. Pathak Associate Dean (Exam.)

Copy to:

- 1. The Director, AIIMS Bathinda
- 2. Dean, AIIMS Bathinda
- 3. Registrar, AIIMS Bathinda
- 4. ACoE, AIIMS Bathinda
- 5. Concerned HoD's
- 6. Incharge IT Cell (For Uploading the Notice on Institute Website)
- 7. Account Officer (For collect the Examination Fee)
- 8. All Notice Boards



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA

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

ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰ ਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ अखलि भारतीय आयुर्विज्ञान संस्थान, बठिडा

UNDER GRADUATE EXAMINATION FORM

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| I request permission to present myself in MBBSProfessional/Supplementary Examination to be held in March of Year I furnish my details as stated below: - 1. CANDIDATE'S NAME in CAPITAL Letters (Strictly as per Class XII or GAZETTE Notification): | | | | | | | | | | У | | | | | | | | | | |
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| 3. MOTHER'S FIRST NAME in CAPITAL Letters: | | | | | | | | | | | | | | | | | | | | |
| 4. FATHER'S /HUSBAND NAME in CAPITAL Letters : | | | | | | | | | | | | | | | | | | | | |
| 5. Candidate's Post | al Home A | ddress i | n CAPITA | AL Let | ters : | | | Π | | | | | | | | | Т | | | |
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| 6. Email Address: | | | | | | | | | | | | | | | | | | | | |
| 7. Sex | | \bigcirc | Male | | | $\overline{}$ | Fen | nale | | | 8. 0 | ate d | of Biı | th (4 | As per | Class- | XCert | ificate |) | |
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| | DE | CLARATION | |
| 2) I he 3) I sh the 4) I he 5) I ar | tereby declare that I have not availed of any atterempts permissible, by AIIMS Bathinda for the sereby declare that I have gone through the syllational be responsible if my application form is rejected examination form. Thereby declare that I shall not claim any concession not defying the criteria of the admission ordern not admitted to the course after the cut-off declared. | aid examination. bus prescribed. cted for any errors, wr on on religious ground r. | ong or incomplete entries made by me in |
| | | TION BY THE DEAN | |
| | tify that 'Smt/Kumari | is a bonafide s | tudent of this college and has satisfactorily |
| att 1. | ended the classes and His/her attendance is not less than as prescribe | ed by the Institute in le | ecture teaching and practicalwork. |
| 2. 3. | Eligibility in cases of NRI, AI, etc. has already be He/she was allowed / not allowed to appear for | | |
| 4. | The candidate has completed that academic te tests as per the Institute rules (wherever applic | • • | mandatory number of internal assessment |
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| | is Eligible /Not Eligible to appear for Institute E | | , |
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| Dat | ee: | | Signature & Seal of the |
| | | | Associate Dean (Examination) AIIMS, Bathinda |