

## ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA

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

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

## **UNDER GRADUATE EXAMINATION FORM**

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Exa	To, Examination Section AIIMS, BATHINDA																														
to I f	I request permission to present myself in M.B.B.SSupplementary Professional Examination to be held in April of Year  I furnish my details as stated below: -  1. CANDIDATE'S NAME in CAPITAL Letters (Strictly as per Class XII or GAZETTE Notification):							n																							
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Sr.No.	Subject Name	Subject Code	
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att 2) I ho 3) I sh th 4) I ho 5) I ar	tereby declare that I have not availed of any attempts permissible, by AIIMS Bathinda for the sereby declare that I have gone through the syllanall be responsible if my application form is reject examination form.  The examination form are the examination form is reject to the examination form.	said examination. abus prescribed. ected for any errors, wro ion on religious ground. er.	ong or incomplete entries made by me in
6) I ar Place:	n not admitted to the course after the cut-off o	date declared by the ins	Signature of Candidate
	tify that	TION BY THE DEAN	
	Smt/Kumariended the classes and His/her attendance is not less than as prescrib		
2. 3. 4.	Eligibility in cases of NRI, AI, etc. has already be He/she was allowed / not allowed to appear to the candidate has completed that academic to	een sought (wherever a for previous examinatio erms and appeared in n	applicable). n.
5. 6.	tests as per the Institute rules (wherever applied He/She is not admitted to the course after the That the information furnished by the said car is Eligible /Not Eligible to appear for Institute	e cut-off date for grant on didate is verified from	
Pla	oce:		
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			Associate Dean (Examination) AIIMS, Bathinda