ALL INDIA INSTITUTE OF MEDICALSCIENCES,BATHINDA
JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001
ਅਧਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ अखिल भारतीय आयुरविज्ञान संस्थान, बठिंडा

Examination Cell

No. AB/EXAM/2023/70   Dated. 20/3/2023

NOTICE

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

Particulars	Form Submission (Start Date)	Form Submission (Last Date)
Examination Form Filling Date	22nd March 2023	29th March 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.
4. Students are to submit their Examination form in the Examination Cell.

20-3-23

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 HoDs
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

अधिल भारती आय़ुर विगिआन संसघान, बठिंड़ा अखलि भारतीय आयुर्वज्ञिान संस्थान, बठडिा

UNDER GRADUATE EXAMINATION FORM

AIIMS AIIMS

Examination Form No. ☐☐☐☐

Candidate Enrolment No: ☐☐☐☐☐☐☐☐☐☐☐

To,
Examination Section
AIIMS, BATHINDA

I request permission to present myself in M.B.B.S _____ Supplementary Professional Examination to be held in April/May of Year _____.

I furnish my details as stated below: -

1. CANDIDATE'S NAME in CAPITAL Letters (Strictly as per Class XII or GAZETTE Notification):

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2. CANDIDATES'S NAME in DEVNAGIRI SCRIPT (Hindi)(Strictly as per Class XII or GAZETTE Notification)

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3. MOTHER'S FIRST NAME in CAPITAL Letters : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. FATHER'S /HUSBAND NAME in CAPITAL Letters : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. Candidate's Postal Home Address in CAPITAL Letters : ☐☐☐☐☐☐☐☐☐☐☐☐

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State: ☐☐☐☐☐☐☐☐☐☐ **Pin code:** ☐☐☐☐☐☐

Contact No. : ☐☐☐☐☐☐☐☐☐☐

6. Email Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

7. Sex ○ Male ○ Female

8. Date of Birth (As per Class-X Certificate)
Date Month Year

9. Nationality ○ Indian ○ Foreign

10. If Physically Handicapped ○ Yes ○ No

☐☐ ☐☐ ☐☐☐☐

11. Appearing as ○ Fresh ○ Repeat Attempt

Affix Stamp
Size Photo

I will be appearing for the following Subjects:

Sr.No.	Subject Name	Subject Code

DECLARATION

1) I hereby declare that I have not availed of any attempt (including the present one) in excess of the maximum attempts permissible, by AIIMS Bathinda for the said examination.
2) I hereby declare that I have gone through the syllabus prescribed.
3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
4) I hereby declare that I shall not claim any concession on religious ground.
5) I am not defying the criteria of the admission order.
6) I am not admitted to the course after the cut-off date declared by the Institute for grant of terms.

Place: ☐☐☐☐☐☐☐☐☐☐

Date: ☐☐☐☐☐☐☐☐☐☐

Signature of Candidate

ATTESTATION BY THE DEAN

 I certify that

 Shri/Smt/Kumari ....is a bonafide student of this college and has satisfactorily attended the classes and

1. His/her attendance is not less than as prescribed by the Institute in lecture teaching and practical work.
2. Eligibility in cases of NRI, AI, etc. has already been sought (wherever applicable).
3. He/she was allowed / not allowed to appear for previous examination.
4. The candidate has completed that academic terms and appeared in mandatory number of internal assessment tests as per the Institute rules (wherever applicable).
5. He/She is not admitted to the course after the cut-off date for grant of terms.
6. That the information furnished by the said candidate is verified from his/her documents and that the Candidate is Eligible /Not Eligible to appear for Institute Examination.

Place: ☐☐☐☐☐☐☐☐☐☐

Date: ☐☐☐☐☐☐☐☐☐☐

Signature & Seal of the

Associate Dean (Examination)
AIIMS, Bathinda