
	<p align="center">ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA JODHPUR ROMANA, MANDI DABWALI ROAD BATHINDA, PUNJAB- 151001 ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ</p> <p align="center">Examination Cell</p>	
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No. AB/EXAM/2024 / 295

Dated. 02/01/2024

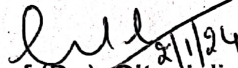
NOTICE

It is hereby notified to the Third Professional (Part -II) Supplementary MBBS Examination Batch-2019 students to comply with the following dates for filling up the examination forms for Part-II Supplementary Professional MBBS Batch-2019

Particulars	Form Submission (Start Date)	Form Submission (Last Date)
Examination Form Filling Date	03/01/2024	12/01/2024 (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.


 Prof (Dr.) Gitanjali
 Dean (Examination)



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