

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

AIIMS AI	IIMS AIIMS AIIMS AIIMS AIIMS AIIMS AIIMS AIIMS AIIMS AIIM	IS AIIMS			
		Examination Form No.			
Co	andidate Enrolment No:				
	indidate Emonnent No.				
To, Examination Section AIIMS, BATHINDA					
I request permission to present myself in I	M.B.B.S Batch	Supplementary 3 rd Professional			
(Part -II) Examination to be held in the mor	nth of Year	Supplementary 3 rd Professional			
I furnish my details as stated below: -					
1. CANDIDATE'S NAME in CAPITAL Letters	(Strictly as per Class XII or G	AZETTE Notification):			
2. CANDIDATES'S NAME in DEVNAGIRI SC	PIDT (Hindi)(Strictly as nor C	lass VII or GAZETTE Notification)			
2. CANDIDATES 5 NAIVE III DEVINAGINI 5C	Mir i (illiai)(Strictly as per ci	lass XII of GAZETTE Notification)			
3. MOTHER'S FIRST NAME in CAPITAL Letters :					
4. FATHER'S /HUSBAND NAME in CAPITAI	L Letters :				
	DITAL				
5. Candidate's Postal Home Address in CA	APITAL Letters :				
State:	Pin code:				
Contact No.:					
6. Email Address:					
7. Sex	le Female	8. Date of Birth (As per Class-XCertificate)			
O Nationality	an Foreign	Date Month Year			
9. Nationality Indi	an Toleigii				
10. If Physically Handicapped Yes	○No				
11. Appearing as Fres	h Repeat A	ttempt			
		Affix Stamp			
		Size Photo			
Loft Hand Thumb Impression	Signature of Candidata				
Left Hand Thumb Impression	Signature of Candidate				

Sr.No.	Subject Name	Subject Code	
		I	
	DE	CLARATION	
atten 2) I here 3) I shall the e 4) I here 5) I am r	by declare that I have not availed of any attempts permissible, by AIIMS Bathinda for the sale by declare that I have gone through the syllal be responsible if my application form is reject examination form. by declare that I shall not claim any concession of defying the criteria of the admission order not admitted to the course after the cut-off data.	aid examination. bus prescribed. cted for any errors, wro	ong or incomplete entries made by me in
	ATTESTAT	TION BY THE DEAN	
atten 1. Hi 2. Eli	y that nt/Kumarided the classes and s/her attendance is not less than as prescribe igibility in cases of NRI, AI, etc. has already be e/she was allowed / not allowed to appear fo	ed by the Institute in le	ecture teaching and practical work. applicable).
4. Th te 5. He	ne candidate has completed that academic te sts as per the Institute rules (wherever applic e/She is not admitted to the course after the	rns and appeared in n able). cut-off date for grant o	mandatory number of internal assessment of terms.
	nat the information furnished by the said cand Eligible /Not Eligible to appear for Institute E		his/her documents and that the Candidate
Place			
Date:			Signature & Seal of the
			Dean (Examination) AIIMS, Bathinda