
 सत्यमेव जयते	<b>ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA</b> JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001 ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ	
<b>Examination Cell</b>		

No. AB/EXAM/2024/357

Dated. 16/03/2024

**NOTICE**


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

Particulars	Form Submission (Start Date)	Form Submission (Last Date)
Examination Form Filling Date	20/03/2024	27/03/2024 (5 PM)

**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.



  
16/3/24

**Dr. Ajay Kumar**  
Associate Dean (Examination)

**Copy to:**

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



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**