

ALL INDIA INSTITUTE OF MEDICALSCIENCES,BATHINDA JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001 अधिस डांचडी आफुर्जिल्लिगार मैंममर, मिटींडा अखिल भारतीय आयुर्विज्ञान संस्थान, बिटेंडा

Examination Cell



No. AB/EXAM/2024 357

Dated. 16 63 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 Examination Form Filling Date	Form Submission (Start Date) 20/03/2024	Form Submission (Last Date) 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.



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



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	JIMS AIIMS AIIMS AIIMS AIIMS AIIMS AIIMS AIIMS AIIMS AIIMS	AIIMS
		Examination Form No.
	Candidate Enrolment No:	
То,		
Examination Section		
AIIMS, BATHINDA		
		- C + 1/0 + ·
I request permission to present myself		Professional/Supplementary
Examination to be held in May/June of 'I furnish my details as stated below: -	Year	
1. CANDIDATE'S NAME in CAPITAL Lett	ers (Strictly as per Class XII or G	AZETTE Notification):
	, and (emissing as per emission en en	
2. CANDIDATES'S NAME :- DEVINACION	SCRIPT (Lindi) (Strictly on your Cl	ace VII or CAZETTE Notification)
2. CANDIDATES'S NAME in DEVNAGIRI	SCRIPT (HINGI) (Strictly as per Cl	ass All or GAZETTE Notification)
3. MOTHER'S FIRST NAME in CAPITAL L	ottors:	
5. MOTHER 5 FIRST NAME IN CAPITAL L	Letters:	
4. FATHER'S /HUSBAND NAME in CAPIT	TAL Letters:	
5. Candidate's Postal Home Address in	CAPITAL Letters:	
State:	Pin code:	
Contact No.:		
6. Email Address:		
7. Sex	Male Female	8. Date of Birth (As per Class-XCertificate)
9. Nationality	ndian Foreign	Date Month Year
10. If Physically Handicapped \bigcirc Y	'es ONO	
11. Appearing as	resh Repeat Att	tempt
		Affix Stamp
		Size Photo
Left Hand Thumb Impression	Signature of Candidate	

Sr.No.	Subject Name	Subject Code	
		l	
	DE	CLARATION	
att 2) I ho 3) I sh th 4) I ho 5) I ar	ereby declare that I have not availed of any attentempts 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. Bereby declare that I shall not claim any concession not defying the criteria of the admission order mot admitted to the course after the cut-off of the syllanal process.	aid examination. bus prescribed. cted for any errors, wr on on religious ground	rong or incomplete entries made by me in
		TION BY THE DEAN	
	tify that 'Smt/Kumari	is a bonafide s	tudent of this college and has satisfactorily
att 1.	ended the classes and His/her attendance is not less than as prescrib	-	- ·
2. 3.	Eligibility in cases of NRI, AI, etc. has already be He/she was allowed / not allowed to appear f		• •
4.	The candidate has completed that academic to tests as per the Institute rules (wherever applied)		mandatory number of internal assessment
	He /She is not admitted to the course after the That the information furnished by the said can		
	is Eligible /Not Eligible to appear for Institute	Examination.	
Pla	ace:		
Dat	te:		Signature & Seal of the
			Associate Dean (Examination) AIIMS, Bathinda