
 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/2024/565

Dated 08/10/24

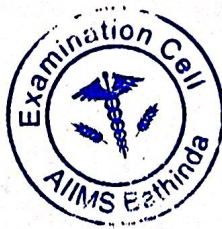
**NOTICE**

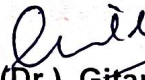
It is hereby notified to the **1<sup>st</sup> Professional Supplementary MBBS Examination Batch 2023** students to comply with the following dates for filling up the examination forms for **1<sup>st</sup> Professional Supplementary MBBS Examination Batch 2023**.

Particulars	Form Submission (Start Date)	Form Submission (Last Date)
Examination Form Filling Date	11 <sup>th</sup> October, 2024	23 <sup>th</sup> October, 2024

Note: -

1. Examination Fee = Rs. 200 per subject (Fee should be deposited in the Account section).
2. Students are instructed to fill the examination form through LMS/CMS Portal and then submit the hardcopy of final receipt along with 2 photographs and fee-slip duly approved from Account Section, to the Examination Cell.
3. Timing of the submission of Examination forms between **3pm to 5pm (from Monday to Friday)**.



  
Prof (Dr.) Gitanjali  
Dean (Examination)

Copy to:

1. The Director, AIIMS Bathinda
2. DDA, AIIMS Bathinda
3. Dean (Academic), 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 collecting the Examination Fee)
8. All Notice Boards