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 AIIMS

Examination Form No. ☐☐☐☐

Candidate Enrolment No: ☐☐☐☐☐☐☐☐☐☐☐☐

To,
Examination Section
AIIMS, BATHINDA

I request permission to present myself in B.Sc. (Hons) Nursing_____Professional/Supplementary Examination to be held in the _____ Year

I furnish my details as stated below: -

1. CANDIDATE'S NAME in CAPITAL Letters (Strictly as per Class XII or GAZETTE Notification):

2. CANDIDATES'S NAME in DEVNAGIRI SCRIPT (Hindi)(Strictly as per Class XII or GAZETTE Notification)

3. MOTHER'S FIRST NAME in CAPITAL Letters :

4. FATHER'S /HUSBAND NAME in CAPITAL 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-X Certificate)
Date Month Year

9. Nationality ◯ **Indian** ◯ **Foreign**

10. If Physically Handicapped ◯ **Yes** ◯ **No**

11. Appearing as ◯ **Fresh** ◯ **Repeat Attempt**

Left Hand Thumb Impression

Signature of Candidate

Affix Stamp Size Photo

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