

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001

ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ अखिल भारतीय आयुर्विज्ञान संस्थान, बठिंडा



EXAMINATION CELL

AB/EXAM/2025/348

04-November, 2025

NOTICE

It is hereby notified to the First and Second Year B.Sc. MRIT Professional Examination Students to comply with the following instructions for filling up the examination forms for First and Second Year B.Sc. MRIT Professional Examination. (Supplementary)

Particulars	Form Submission (Start Date)	Form Submission (Last Date)				
Examination Form Filling Date	11/11/2025	18/11/2025				

Note: -

- 1. Examination Fee = Rs. 100 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 in the Examination Cell.
- 4. Timing of the submission of Examination forms between 03:00PM to 05:00PM.

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.
- 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





ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA

JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001

UNDER GRADUATE EXAMINATION FORM

Examination Form No. Candidate Enrolment No: To, **Examination Section** AIIMS, BATHINDA I request permission to present myself in B.Sc. (MRIT) ______Professional/Supplementary Examination to be held in the month of 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: **Female** 7. Sex Male 8. Date of Birth (As per Class-X Certificate) Date Month Year 9. Nationality Indian **Foreign** 10. If Physically Handicapped Fresh Repeat Attempt 11. Appearing as **Affix Stamp** Size Photo Signature of Candidate Left Hand Thumb Impression

I will be appearing for the following Subjects:						
Sr.No.	Subject Name	Subject Code				
	DEC	CLARATION				
at: 2) I ho 3) I sh th 4) I ho 5) I an	ereby declare that I have not availed of any attentempts permissible, by AIIMS Bathinda for the sale reby declare that I have gone through the syllabinal be responsible if my application form is rejected examination form. Bereby declare that I shall not claim any concession not defying the criteria of the admission order. In mot admitted to the course after the cut-off da	nid examination. The pusprescribed in the prescribed in the prescr	wrong or incomplete entries made by me in and.			
Loo		TION BY THE DEAN				
Shri/ att 1. 2. 3. 4.	rtify that Smt/Kumari Tended the classes and His/her attendance is not less than as prescribed Eligibility in cases of NRI, AI, etc. has already been He/she was allowed / not allowed to appear for The candidate has completed that academic tert tests as per the Institute rules (wherever applicated He/She is not admitted to the course after the course af	d by the Institute i en sought (wherev r previous examina ms and appeared able). cut-off date for gra lidate is verified fra	n lecture teaching and practical work. er applicable). ation. in mandatory number of internal assessment nt of terms.			
Pla	ace:					
Dat	te:		Signature & Seal of the			
			Dean (Examination)			

AllMS, Bathinda