

## 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/ 366

12 November 2025

#### NOTICE

It is hereby notified to the MD/MS/MDS Professional Examination students to comply with the following instructions for filling up the examination forms for MD/MS/MDS Professional Examination to be held in December 2025.

Particulars	Form Submission (Start Date)	Form Submission (Last Date)	
1 di ticulai s		18/11/2025	
<b>Examination Form Filling Date</b>	16/11/2025	18/11/2023	

#### Note: -

- 1. Examination Fee = Rs. 1000 to 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 11:00 AM to 01:00 PM.

#### Copy to:

- 1. The Director, AIIMS Bathinda
- 2. DDA, AIIMS Bathinda AIIMS Bathinda
- 3. Dean (Academic), AIIMS Bathinda
- 4. ACOE, AIIMS Bathinda.
- Concerned HoD.
- 6. In charge 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

ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰ ਖਿਖਿਆਨ ਸੰਸਥਾਨ, ਬਖ**਼**ੰਡਾ अखिल भारतीय आयुर्विज्ञान संस्थान, बर् ंडा

# **UNDER GRADUATE EXAMINATION FORM**

Allivis	AIIMS AIIMS AIIMS AIIMS AIIMS AIIMS	Allivis Allivis Allivis Allivis	S AIIMS AIIM
			Examination Form No.
	Candidate Enro	olment No:	
To,			
Examination Section			
AIIMS, BATHINDA			
I request permission to present mysel	f in MD/MS/MDS		Professional/Supplementary
Examination to be held in the month of			oiessional, supplementally
I furnish my details as stated below: -			
1. CANDIDATE'S NAME in CAPITAL Let	tters (Strictly as p	er Class XII or (	GAZETTE Notification):
2. CANDIDATES'S NAME in DEVNAGIR	I SCRIPT (Hindi)(S	trictly as per C	lass XII or GAZETTE Notification)
3 MOTHER/C FIRST MASSES			
3. MOTHER'S FIRST NAME in CAPITAL	Letters :		
4. FATHER'S /HUSBAND NAME in CAP	ITAL Letters :		
5. Candidate's Postal Home Address in	n CAPITAL Letters	:	
State:		Pin code:	
6			
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	Date Month Teal
10. If Physically Handicapped	Yes	O No	
11. Appearing as	Fresh	Repeat A	Attempt
			Affix Stamp
			Size Photo
Left Hand Thumb Impression	Signature of	Candidate	

Sr.No.	Subject Name	Subject Code	
	<u>D</u>	<u>ECLARATION</u>	
attempts 2) I hereby ( 3) I shall be the exan 4) I hereby (	declare that I have not availed of any att s permissible, by AIIMS Bathinda for the declare that I have gone through the syll responsible if my application form is rej nination form. declare that I shall not claim any concess defying the criteria of the admission ord	said examination. labus prescribed. ected for any errors, wr sion on religious ground	rong or incomplete entries made by me in
-	admitted to the course after the cut-off		stitute for grant of terms.
Place:  Date:			Signature of Candidate
I certify th		ATION BY THE DEAN	
Shri/Smt/K attended	umarid the classes and		tudent of this college and has satisfactorily
<ol> <li>Eligib</li> <li>He/s</li> </ol>	er attendance is not less than as prescril ility in cases of NRI, AI, etc. has already be the was allowed / not allowed to appear andidate has completed that academic	peen sought (wherever a for previous examination	applicable).
5. He/Sh 6. That t	as per the Institute rules (wherever app he is not admitted to the course after the the information furnished by the said ca gible /Not Eligible to appear for Institute	e cut-off date for grant on didate is verified from	of terms. his/her documents and that the Candidate
Place:			
Date:			Signature & Seal of the
			Dean (Examination) AIIMS, Bathinda