



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA
JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB- 151001
ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ



EXAMINATION CELL

AB/EXAM/2026/159

21 April 2026

NOTICE

It is hereby notified to MD/MS/MDS Professional Examination Students to comply with the following instructions for filling up the examination forms for MD/MS/MDS Professional Examination.

| Particulars | Form Submission (Start Date) | Form Submission (End Date) |
|-------------------------------|------------------------------|----------------------------|
| Examination Form Filling Date | 27/04/2026 | 29/04/2026 |

Note: -

1. Examination Fee = Rs. 1000. (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 is between 03:00PM to 05:00PM.
5. If Students do not submit the form in stipulated time, late fees charges will be applicable as per the Office Order AB/EXAM/2025/310 dated 17 September 2025.




Prof. (Dr.) Gitanjali
Dean (Examination)

Copy to:

1. The Director, AIIMS Bathinda
2. DDA, AIIMS Bathinda
3. Dean (Academics), AIIMS Bathinda
4. Concerned HoDs.
5. Incharge IT Cell (For Uploading the Notice on Institute Website)
6. Account Officer (For collecting the Examination Fee)
7. All Notice Boards