



INSTRUCTION FOR CANDIDATES SEEKING ADMISSION AT AIIMS, GUWAHATI

The Director, faculty and staff congratulate you on obtaining admission in All India Institute of Medical Sciences (AIIMS), Guwahati. It will be our endeavour to ensure that, your transition to AIIMS, Guwahati is hassle free. You are advised to read the following instructions carefully before Admission.

Programme for Admission Process of MBBS, Batch 2020. (2nd Counselling)

Officials	Date, Time and Venue
<ul style="list-style-type: none">• Dr. Sudipta Ranjan Singh, Nodal Officer, AIIMS Guwahati• Mr. B.B Mishra, Registrar	<ul style="list-style-type: none">• Date: 28-11-2020 to 08-12-2020*• Time: 09:30 A.M. to 05:00 P.M.• Venue: Lecture Theatre -1, Academic Block, AIIMS, Bhubaneswar.

*The Admission will remain closed on 29-11-2020 (Sunday), 30-11-2020 (Govt. Holiday) and 06-12-2020 (Sunday).

MANDATORY REQUIREMENT OF DOCUMENTS (IN ORIGINAL) DURING ADMISSION (2nd Counselling)

1. **Laboratory Tests:** Reports of X-Ray chest (PA view) as Random Blood Sugar, Urine Analysis, Blood Group and Rh factor done from a Government/ NABL accredited laboratory.
2. **NTA Rank letter** from Medical Counselling Committee (MCC).
3. **Provisional Allotment Letter** from Medical Counselling Committee (MCC).
4. **Original Bank Draft worth Rs. 5856/-** (Five thousand, eight hundred fifty-six only) in favour of **AIIMS, Bhubaneswar Academic Fund (A/c No. 557810110001482)**. (Please write your Name, Mobile No., All India Rank and e-mail ID (IN CAPITAL LETTERS) at the reverse of the Bank Draft.)
5. **Date of birth Certificate** OR certificate from the board from which you passed the high school / higher secondary examination showing date of birth.
6. **Certificate of having passed the 10+2 examination** showing the subjects in the examination.
7. **Mark sheet** of 10+2 examination from the Board from which you passed the same.
8. **Migration certificate** from the University / Board last attended by you.
9. **Caste Certificate** showing that you belong to Schedule Caste/ Scheduled Tribe/ OBC (NCL)/ EWS category (Applicable only if have claimed in your application that you belong to that category) as per the prescribed format issued by the Government of India. (Must be issued before **16.11.2020**)
10. **PwD Certificate from designated Disability Centres of MCC.** (Must be issued before **16.11.2020**)
11. **2 (two) sets of photocopies** of the above documents (self-attested).
12. Current Passport size photograph (front facing) 5 copies.
13. **CANDIDATE INFORMATION SHEET: (appendix-A)**
14. **AFFIDAVIT FOR PARENT / GUARDIAN** on non-judicial stamp paper worth Rs.10.00: **(Appendix-B)**
15. **AFFIDAVIT BY THE STUDENT:** on non-judicial stamp paper worth Rs.10.00: **(Appendix-C)**
16. **DECLARATION BY THE CANDIDATE (Appendix-D)**
17. **UNDERTAKING BY THE CANDIDATE (Appendix-E)**

IMPORTANT: Documents 13-17 above **MUST** be filled up completely and duly signed before submission. The respective formats are attached as appendices.

HOSTEL: It is mandatory for students to stay in the hostel during the tenure of the course. Students should arrange the items like water jug, tumbler, plastic bucket, Mug, Pillow, Bed Sheets. Two locks to ensure a comfortable stay.

IMPORTANT: Please note the Institute shall not reimburse any expenditure incurred by you because of travel and maintenance in connection with your joining the Institute.

**The tentative date of commencement of classes is last week of December 2020.
(However, exact dates will be intimated on Web site: www.aiimsbhubaneswar.nic.in)**


21/11/2020

Dean
AIIMS, Bhubaneswar



APPENDIX - A
All India Institute of Medical Sciences (AIIMS) Bhubaneswar
Sijua, Post :Dumuduma, Bhubaneswar (Odisha) – 751 019
Web site: www.aiimsbhubaneswar.edu.in

CANDIDATE INFORMATION SHEET

PLEASE FILL UP THE FORM IN CAPITAL LETTER ONLY

NAME: (In CAPITAL LETTERS with Prefix SHRI./MS/MRS./DR):

First Name																									
Middle Name																									
Last Name																									

Date of Birth																								
Gender																								
Religion																								
Caste																								
Category																								
AIR No.																								

Father's Name																									
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Mother's Name																									
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Address for Correspondence:

House No.																									
STREET																									
AT / PO																									
Police Station																									
District																									
State																									
Pin code																									

Permanent Address:

House No.																									
STREET																									
AT / PO																									
Police Station																									
District																									
State																									
Pin code																									

Aadhaar Card No.																									
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Telephone Numbers (Mobile / Landline):

	Mobile											Landline													
Candidate																									
Father																									
Mother																									

Email ID: (In CAPITAL LETTERS)

Candidate																									
Father																									
Mother																									

Parent Signature

Student Signature



APPENDIX - B
All India Institute of Medical Sciences (AIIMS) Bhubaneswar
(A statutory body under the aegis of Ministry of Health and Family Welfare, GOI)
Sijua, Post :Dumuduma, Bhubaneswar (Odisha) – 751 019
Web site: www.aiimsbhubaneswar.edu.in

AFFIDAVIT (For Parent / Guardian)

1. I, _____ (full name of parent/guardian),
father/mother/guardian of, (Student Name) _____ Regd.
No. _____ having been admitted to _____ have received a copy of the UGC
Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009(hereinafter called the Regulations")
carefully read and fully understood the provisions contained in the said Regulations.

2. I have in particular perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and
administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively
or passively, or being part of a conspiracy to promote ragging.

4. I hereby solemnly aver and undertake that:-

(a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the
Regulations.

(b) My ward will not participate in or abet or propagate through any act of commission or omission that may
be constituted as ragging under clause 3 of the Regulations.

5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the
regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law
for the time being in force.

6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on
account of being found guilty of abetting or being part of a conspiracy to promote, ragging and further affirm that in case the
declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name:

Address:

Telephone / Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false
and nothing has been concealed or misstated therein.

Verified at (Place) _____ on this the (day) of _____ (month) _____ (year) 20 _____.

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month) 20 _____ (year)

OATH COMMISSIONER

AFFIDAVIT BY THE STUDENT
(on 10/- Non-Judicial stamp papers)

I, _____

S/O, D/O of Mr. /Mrs. _____

Resident of _____

1. Do hereby solemnly affirm and declare as under:
2. That I am a citizen of India.
3. That I have completed 17 years of age on _____ / will be completing 17 years of age on _____.
4. That, I am joining as a student of MBBS at All India Institute of Medical Sciences (AIIMS) Guwahati
5. That I have gone through the contents and fully understood the Regulations/ Directives for Ragging and Anti-Ragging Measures on curbing the menace of Ragging to be followed by all the students of AIIMS.
6. I hereby solemnly affirm that:
 - I will not indulge or involve myself in any untoward behaviour or act, that may come under the definition of ragging.
 - I will not participate in or abet or propagate ragging in any form.
 - I will not hurt anyone physically or psychologically or cause any other harm to any other student.
7. I have fully understood that, if found indulging or guilty of any aspect of ragging within or outside AIIMS campus. I may be punished as per the provisions of the AIIMS Regulations/ Directives mentioned above and /or as per the law in force for which, I will be solely responsible and shall not claim any compensation.

Deponent

Signature of Parent

VERIFICATION: verified at _____ on this _____ day of _____ 2020.

That the above affidavit is true and correct.

Name:

Address & Contact No.:

Deponent

Signature of Parent

DECLARATION BY THE CANDIDATE

I, _____

Son/Daughter of Sh. _____

Village/Town/City _____

District _____

State _____, hereby declare that I belong to the Government of India for the purpose of reservation in service as per orders contained in Department of Personnel and training Office Memorandum No. 36012/2293.Estt.(SCT) dated/ 08.09.1993. It is also declared that I do not belong to persona / section (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 08-09-1993.

Name: _____

Signature of the Candidate: _____

Address: _____

APPENDIX - E

UNDERTAKING BY THE CANDIDATE

I, _____

S/O, D/O of Mr./Mrs. _____

have passed MBBS Entrance Examination held on _____.

I certify that all my Original Certificates (i.e 10th Passed/Age Proof, 12th Passed Marks Sheet & Certificate and Scheduled Caste/Scheduled Tribe (SC/ST) Other Backward Classes(OBC) are authentic. If anything found false, then my candidature may be treated as withdrawn/cancelled at any time during the course.

Name: _____

Signature of the candidate: _____

Address: _____
