

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.nic.in

AIIMS/BBS/DEAN/ADMISSION/01/1275

DATE: 21-11-2020

INSTRUCTION FOR CANDIDATES SEEKING ADMISSION AT AIIMS, BHUBANESWAR

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

Programme for Admission Process of MBBS, Batch 2020

Officials	Date, Time and Venue
• Mr. B.B. Mishra, Registrar	• Date: 28-11-2020 to 08-12-2020*
• Dr. Rituparna Maiti, Associate Dean	• Time: 09:30 A.M. to 05:00 P.M.
• Dr. Manisha Kar, Faculty In-charge Medical UG	• Venue: Lecture Theatre -1, Academic Block
• Dr. Madhumita Patnaik, Faculty In charge Teaching Schedule	

*The admission will be remained closed on 29-11-2020 (Sunday), 30-11-2020 (Central Govt. Holiday) and 06-12-2020 (Sunday).

MANDATORY REQUIREMENT OF DOCUMENTS (IN ORIGINAL) DURING ADMISSION

- 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 <u>03rd December 2020</u>.

Dean

AIIMS, Bhubaneswar



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

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														
								 	1					
Date of Birth														
Gender				4										
Religion														
Caste														
Category]		
AIR No.														
			•		•								 	
Father's Name														
	•						 				 		 	
Mother's Name														
					L	L	 	 		L	 			
Address for Corr	 n da													

Address for Correspondence:

House No.											
STREET											
AT / PO			1								
Police Station											
District											
State											
Pin code				2							

Permanent Address:

House No.											
STREET											
AT / PO											
Police Station											
District											
State	12										
Pin code											

Aadhaar Card No.											
			-				 	 			

Telephone Numbers (Mobile / Landline):

		N	Iobi	ile]	Lan	dlin	e		*
Candidate													
Father													
Mother													

Email ID: (In CAPITAL LETTERS)

Candidate										
Father										
Mother										

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

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

Resident of _____

I,

- 1. Do hereby solemnly affirm and declare as under:
- 2. That I am a citizen of India.
- 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

APPENDIX - D

DECLARATION BY THE CANDIDATE

Son/Daughter of Sh._____

Village/Town/City_____

District_____

I,

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 Cano	lidate:	
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:				l di k	
		Set 2		14.12	

Signature of the candidate:_____

Address:_____