



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

The date of commencement of classes will be 9th January 2021.

All selected candidates(B.Sc. Paramedical) following open counselling are required to submit the following documents at AIIMS Bhubaneswar:

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. **Original Bank Draft worth Rs. 5000/-** (Five thousand only) in favour of AIIMS Bhubaneswar Academic Fund. (Please write your Name, Mobile No., All India Rank and e-mail ID (**IN CAPITAL LETTERS**) at the reverse of the Bank Draft.)
3. Current Passport size photograph (front facing) 5 copies.
4. **CANDIDATE INFORMATION SHEET: (appendix-A)**
5. **AFFIDAVIT FOR PARENT/GUARDIAN** on non-judicial stamp paper worth Rs.10.00: (**Appendix-B**)
6. **AFFIDAVIT BY THE STUDENT:** on non-judicial stamp paper worth Rs.10.00: (**Appendix-C**)
7. **DECLARATION BY THE CANDIDATE (Appendix-D)**
8. **UNDERTAKING BY THE CANDIDATE (Appendix-E)**

IMPORTANT: Documents 4-8 above **MUST** be filled up completely and duly signed before submission. The respective formats are attached as appendices (A-E)

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.

Detailed information is available on www.aiimsbhubaneswar.nic.in

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AIIMS, Bhubaneswar



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



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

APPENDIX - C
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 asunder:
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/B.Sc(Nursing)/B.Sc(Hons) Paramedical at All India Institute of Medical Sciences (AIIMS) Bhubaneswar.
5. That I have gone through the contents and fully understood the AIIMS, Regulations/ Directives for Ragging and Anti-Ragging Measures in accordance with the AIIMS, Bhubaneswar Office Order 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

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.Esst.(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: _____
