



AIIMS/BBS/DEAN/ADMISSION/01/3778

DATE: 11-10-2022

INSTRUCTION FOR CANDIDATES SEEKING ADMISSION AT AIIMS, BHUBANESWAR

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

Programme for Admission Process of MBBS, Batch 2022

Officials	Date, Time and Venue
<ul style="list-style-type: none">• Mr. B.B. Mishra, Registrar• Dr. Manisha Kar, Faculty In-charge Medical UG• Dr. Debapriya Bandopadhaya, Faculty In-charge PG• Dr. Madhumita Patnaik, Faculty In charge Teaching Schedule• Dr. Vinaykumar Hallur, Faculty In-Charge Academic Attendance & IA	<ul style="list-style-type: none">• Date: 22-10-2022 to 28-10-2022• Time: 09:30 A.M. to 05:00 P.M.• Venue: Lecture Theatre -1, Academic Block

***The admission will remain closed on 23-10-2022 (Sunday) & 24-10-2022 (Central Govt. Holiday).**

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. **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. (for validity period of OBC-NCL/EWS certificates candidates are advised to visit MCC website regularly). AS attached at Appendix F, G & H.
9. **PwD Certificate** from designated Disability Centers as per MCC guidelines. (Format of Disability certificate as per Appendix I from the Institutes as per Appendix J)
10. **2 (two) sets of photocopies** of the above documents (self-attested).
11. Current Passport size photograph (front facing) 5 copies.
12. **CANDIDATE INFORMATION SHEET: (appendix-A)**
13. **AFFIDAVIT FOR PARENT / GUARDIAN** on non-judicial stamp paper worth Rs.10.00: (**Appendix-B**)
14. **AFFIDAVIT BY THE STUDENT:** on non-judicial stamp paper worth Rs.10.00: (**Appendix-C**)
15. **DECLARATION BY THE CANDIDATE (Appendix-D, Only for OBC candidates)**
16. **UNDERTAKING BY THE CANDIDATE (Appendix-E)**

IMPORTANT: Documents 12-16 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.


Dean

AIIMS, Bhubaneswar

DEAN (Academic)

All India Institute of Medical Sciences
Sijua, Bhubaneswar-751019



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 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/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.Estt. (SCT) dated/ 08.09.1993. It is also declared that I do not belong to person / 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: _

SC/ST Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES

1. This is to certify that Shri/ Shrimati/ Kumari* _____ son/daughter* of
 _____ of Village/Town* _____ District/Division*
 _____ of State/Union Territory* _____ belongs to the
 _____ Scheduled Caste / Scheduled Tribe* under :-

- * The Constitution (Scheduled Castes) Order, 1950
- * The Constitution (Scheduled Tribes) Order, 1950
- * **The Constitution (Scheduled Castes) (Union Territories) Order, 1951**
- * The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

- * The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;
- * The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;
- * The Constitution (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;
- * The Constitution (Dadara and Nagar Haveli) Scheduled Tribes Order, 1962;
- * The Constitution (Pondicherry) Scheduled Castes Order, 1964;
- * The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;
- * The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;
- * The Constitution (Nagaland) Scheduled Tribes Order, 1970;
- * The Constitution (Sikkim) Scheduled Castes Order, 1978;
- * The Constitution (Sikkim) Scheduled Tribes Order, 1978;
- * The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989;
- * The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
- * The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
- * The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991.

2. # This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes* Certificate issued to Shri /Shrimati*
 _____ father/mother* of Shri /Shrimati /Kumari* _____ of Village/Town*
 _____ in District/Division* _____ of the State State/Union
 Territory* _____ who belong to the Caste / Tribe* which is recognised as a Scheduled Caste /
 Scheduled Tribe* in the State / Union Territory* _____ issued by the ____ dated
 _____.

3. Shri/ Shrimati/ Kumari * _____ and / or* his / her* family ordinarily reside(s)** in
 Village/Town* _____
 _____ of _____ District/Division* of the State Union Territory* of _____.

Place: _____ State/Union Territory* _____

Signature: _____

Date: _____

* Please delete the word(s) which are not applicable.

Applicable in the case of SC/ST Persons who have migrated from another State/UT.

IMPORTANT NOTES

The term "ordinarily reside(s)**" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshadweep Island).
6. Certificate issued by any other authority will be rejected.

Designation _____

(With seal of the Office)

PROFORMA FOR OTHER BACKWARD CLASS (OBC) CERTIFICATE

(Certificate to be Produced by other Backward Classes applying for Admission to Central Educational Institutions (CEIs),
Under The Government of India)

This is to certify that Shri /Smt./Kum. _____ Son/Daughter of
Shri/Smt. _____ of Village/Town _____ District/Division _____ in the
_____ State belongs to the _____ Community which is
recognized as a

backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 18* dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I dated 27/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/94-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 270 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/68/99-BCC dated 06/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 7J dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12016/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 10 dated 16/01/2006.

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the _____
District/Division of _____ State.

This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09/03/2004 or the latest notification of the Government of India.

Dated _____

District Magistrate/Competent Authority Seal

NOTE:

- a. The term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- b. The authorities competent to issue Caste Certificates are indicated below:
 - i. District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/ Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate.)
 - ii. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
 - iii. Revenue Officer not below the rank of Tehsildar.
 - iv. Sub-Divisional Officer of the area where the candidate and/or his family resides.

Government of.....
(Name & Address of the **authority issuing the certificate**)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of
_____ permanent resident of _____, Village/Street
_____ Post Office _____ District _____ in the State/Union Territory
_____ Pin Code _____ whose photograph is attested below belongs to Economically
Weaker Sections, since the gross annual income* of his/her 'family'** is below Rs. 8 lakh (Rupees Eight Lakh
only) for the financial year _____ His/her family does not own or possess any of the following
assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste,
Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of
the "applicant"

Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS

(As per MGI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/14th May, 2019 for admission to Medical Courses in All India Quota)

Certificate No:

Certificate Date:

Name of the Designated Disability				
Certification Centre				
This to certify that Dr. / Mr. / Ms.				
Age		Son/ Daughter of Mr.		
NEET Roll No			Rank No.	

Has the following Disability

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

Conclusion: Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail

5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PWD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of Assistive devices in case of Locomotor*/ Visual*/ Hearing* impairment, if any. No

Sign & Name:

Assistant Professor

Neurology

Sign & Name:

Associate Professor

Orthopedics

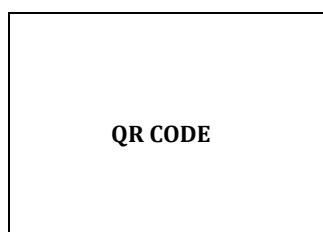
Sign & Name:

Associate Professor

Medicine

Disclaimer: This Certificate is Provisional and will be verified by the allotted college authorities at the Time of admission. The candidate may be subjected to

diagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.



List of Disability Certification Centers who will issue Disability Certificates as per NM C norms to PwD candidates in support of their claim to avail 5% PwD reservation in UG/ Broad Specialty PG Courses

S/No	Name of Disability Certification Centre	City/State	Specialities Available for which Disability Certificate can be issued as per category of Disabilities mentioned in Disability Certificate
1.	Vardhman Mahavir Medical College & Safdarjang Hospital (VMMC & SJH)	New Delhi	All Disabilities as mentioned in Disability Certificate except Visual disabilities category and Intellectual Disabilities & Behavioural disabilities.
2.	All India Institute of Physical Medicine and Rehabilitation (AIIPMR)	Mumbai	For Locomotor Disability only
3.	Institute of Post Graduate Medical Education & Research (IPGMER)	Kolkata	A11 Disabilities as mentioned in Disability Certificate
4.	Madras Medical College (MMC)	Chennai	A11 Disabilities as mentioned in Disability Certificate
5.	Grant Government Medical College, J.I. Hospital Compound	Mumbai, Maharashtra	A11 Disabilities as mentioned in Disability Certificate
6.	Goa Medical College	Goa	All Disabilities as mentioned in Disability Certificate except Speech Disability.
7.	Government Medical College, Thiruvananthapuram	Thiruvananthapuram, Kerala	All disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophthalmology, Thiruvananthapuram under GMC Thiruvananthapuram..
8.	SMS Medical College	Jaipur, Rajasthan	All Disabilities as mentioned in Disability Certificate except: 1. Neurology- Genetic Testing 2. ENT- Speech & Language Disability Testing Orthopaedics/PMR- Goniometer Adult.. Plumb Line, Hand Dynamometer, Laser
9.	Govt. Medical College and Hospital, Sector 32	Chandigarh	All Disabilities as mentioned in Disability Certificate

10.	Govt. Medical College, Agartala, State Disability Board	Agartala/Tripura	All Disabilities as mentioned' in Disability Certificate
11.	Institute of Medical Sciences, Banaras Hindu University,	Varanasi/ Uttar Pradesh	All Disabilities as mentioned in Disability Certificate except Intellectual Disability.
12.	Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai	Mumbai, Maharashtra	For Hearing Disabilities only
13	AIIMS, Nagpur	Nagpur, Maharashtra	All Disabilities as mentioned in Disability Certificate
14	Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi. (ABV IMS & RMLH)	New Delhi	All Disabilities as mentioned in Disability Certificate except ENT For Visual Disability.- Candidates who use LVAs may bring their own LVAs which can be checked.
15	Lady Hardinge Medical College & Associated Hospitals (LHMC)	New Delhi	All Disabilities as mentioned in Disability Certificate
16.	All India Institute of Speech and Hearing (AIISH), Mysuru	Mysuru, Karnataka	For Speech & hearing Disabilities only