



INSTRUCTIONS FOR STUDENTS OF B.SC PARAMEDICAL -2023 BATCH, 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 B.Sc. Paramedical, Batch 2023 (2nd Round Counselling)

<ul style="list-style-type: none">• Dr. P. R Mohapatra, Dean (Academics)• Dr. Debapriya Bandyopadhyay, Associate Dean & Registrar(I/C)• Dr. Gaurav Chhabra, Faculty In-charge (Paramedical)• Mr. Bibhuti Bhushan Das, JAO• Mr. Susil Kuamr Dash, UDC	<ul style="list-style-type: none">• Date: 05.09.2023 to 11.09.2023• Time: 09:30 A.M. to 05:00 P.M.• Venue: 1st Floor, Academic Section, Administrative Building.• NB: -Saturday Time: -09.30 -01.00 PM• Sunday (Holiday)
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MANDATORY REQUIREMENT OF DOCUMENTS (IN ORIGINAL) DURING JOINING: -

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 by the student before reporting the Institute.
2. Original Bank Draft worth Rs. 5000/- (Five thousand only) in favor 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 for students who have not submitted the same at the time of admission).
3. Educational Certificates & Other essential documents: -
 - Offer Letter, Seat Allotment Letter, Registration Slip, Admit Card issued by AIIMS, 10th passing/ Birth Certificate showing her date of birth, 12th passing and Marksheet Certificate.
 - SC/ST/OBC/EWS Certificate (if applicable) issued by the competent authority and should be in English or Hindi in language. Community should be clearly mentioned in the certificate. Issue Date - OBC (NCL) **04.06.2022 to 03.06.2023** & EWS - **01.04.2023 to 12.06.2023** (both dates inclusive).
 - Disability Certificate (for PWBD candidate). The name, designation and seal of the issuing officer should be legible in the certificate.
 - Self-attested copies of all certificates (One set).
 - Four copies of Passport size photographs (Front facing).

Desirable: -

- School Leaving Certificate/Transfer Certificate.
- Migration Certificate.
- Conduct/Character Certificate.
- 2 (two) sets of photocopies of the above documents (self-attested).
- Current Passport size photograph (front facing) 2 copies.
- CANDIDATE INFORMATION SHEET: (*Appendix-A*)
- APPLICATION FOR IDENTITY CARD: (*Appendix-B*)
- AFFIDAVIT FOR PARENT / GUARDIAN on non-judicial stamp paper worth Rs.10.00: (*Appendix-C*)
- AFFIDAVIT BY THE STUDENT: on non-judicial stamp paper worth Rs.10.00: (*Appendix-D*)
- UNDERTAKING BY THE CANDIDATE (*Appendix-F*)

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 (Academic)
AIIMS, Bhubaneswar

DEAN (Academic)
All India Institute of Medical Sciences
AIIMS, Bhubaneswar-751019

Permanent Address:

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

Aadhaar Card No.																						
Pan Card No.																						

Telephone Numbers (Mobile / Landline):

	Mobile										Landline											
Candidate																						
Father																						
Mother																						

Guardlan Name																						
Address for Correspondence																						
Telephone Numbers	Mobile										Landline											
Email ID: (In CAPHAI IETTEN)																						

Signature of Parent / Guardian

Signature of the student

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:

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/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 behavior 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 _____
20_____.

That the above affidavit is true and correct.

Name:

Address:

Telephone / Mobile No.:

Signature of Parent

Appendix – E

DECLARATION BY THE CANDIDATE (ONLY FOR OBC 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 - F

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:

Telephone / Mobile No.: