



College of Nursing
All India Institute of Medical Sciences
(A Statutory body under aegis of Ministry of Health and Family Welfare, Govt. of India)
Sijua, Post-Dumuduma, Bhubaneswar (Odisha) - 751019

Ref.No. AIIMS/BBSR/CON/Admission/B.Sc.(N)/07/415

Dated: 17.07.2025

Instruction for the students of B.Sc (Hons) Nursing, Batch-2025

The Executive Director, Faculty and all Staff congratulate all the newly joining students of B.Sc. (Hons) Nursing (Batch-2025) for taking admission at AIIMS Bhubaneswar. All students are advised to read and follow the following instructions:

1. Date of Reporting.
 - (a) The students who have allotted AIIMS Bhubaneswar in 1st counselling/round is advised to report from 21.07.2025 (Monday) to 26.07.2025 (Monday to Friday upto 5:00 PM & Saturday upto 12.00 Noon).
 - (b) The students who have allotted AIIMS Bhubaneswar in 2nd counselling/round is advised to report from 04.08.2025 (Monday) to 07.08.2025 up to 05.00 PM (Thursday)
2. Submission of Laboratory Test for medical fitness: Reports of X-rays chest (PA View), Random Blood Sugar, Urine Analysis, Blood group and RH Factor done from a Government/NABL accredited laboratory only are accepted.
3. Payment/Original Bank draft worth Rs. 3165/- (Rupees Three Thousand One Hundred Sixty-Five only) in favour of AIIMS Bhubaneswar Academic Fund (A/c No. 557810110001482, IFSC: BKID0005578) towards admission fee to be done. (Name and all India Rank to be mentioned in the reverse of Bank Draft).
4. Educational Certificates and other essential documents in original:
 - I. Admit card issued by AIIMS
 - II. Registration Slip
 - III. Offer Letter
 - IV. Seat allocation letter
 - V. Certificate in proof of passing the 12th class under 10+2 Scheme/Senior School Certificate Examination/Intermediate Science or an equivalent examination from a recognized Board.
 - VI. Certificate from the Board showing her Date of Birth. (10th Passing Certificate)
 - VII. Mark-sheet of the qualifying examination i.e. 12th class under 10+2 scheme/Intermediate Science or an equivalent examination in proof of having secured 55% or more marks (50% in case of SC/ST) in aggregate in the subjects of English, Physics, Chemistry & Biology).
 - VIII. 12th Class Migration Certificate.

IX. The candidate should also bring the following certificate, if applicable:

a. SC/ST Certificate issued by the competent authority and should be in English or Hindi in language. Community should be clearly mentioned in the certificate.

b. OBC/EWS Certificate issued by the competent authority for Central Govt. Jobs/for admission in Central Govt. College/Institute. The sub-caste should tally with the Central List of OBC. OBC candidates should not belong Creamy Layer. OBC certificate must be in the Central Govt. Format as prescribed in the prospectus and in result notification.

The issuing date of OBC (NCL)/EWS Certificate should be as follows:

Category	Issue Date
OBC(NCL)	01.04.2025 to 15.05.2025 (both dates inclusive)
EWS	01.04.2025 to 15.05.2025 (both dates inclusive)

c. Persons with Benchmark Disability (PWBD) Certificate issued from a duly constituted and authorized Medical Board as mentioned in the prospectus.

X. Self-attested one set photocopy of above certificates.

XI. Three copies of Passport size Photograph.

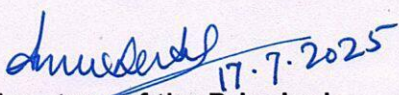
5. Candidate Information Sheet: As per **Appendix A**.

6. Anti-Ragging Affidavit by the Student: As per **Appendix B**.

7. Anti-Ragging Affidavit by the Parent/Guardian: As per **Appendix C**.

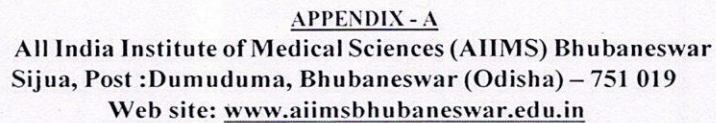
8. **Hostel:** It is mandatory for the students to stay in Hostel during the tenure of her course. Students should arrange the items like Water Jug, Tumbler, Plastic Bucket. Mug, Pillow, Bed Sheet and Locks etc.

9. Please check the website www.aiimsbhubaneswar.nic.in regularly for any update.


Signature of the Principal

डॉ. आशा पी. शेटी /Dr. Asha P. Shetty
प्रोफेसर-सह-प्राचार्या / Professor-cum-Principal
नर्सिंग महाविद्यालय /College of Nursing
एम्स, भुवनेश्वर/AIIMS, Bhubaneswar-751019


Signature of the Registrar
बुलसचिव
REGISTRAR
अखिल भारतीय आयुर्विज्ञान संस्थान
All India Institute of Medical Sciences
भुवनेश्वर-751019
Bhubaneswar-751019



PLEASE FILL UP THE FORM IN CAPITAL LETTER ONLY

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

Student Signature _____



APPENDIX - B
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/M.Sc. Nursing 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 _____ 20 _____

That the above affidavit is true and correct.

Name:

Address & Contact No.:

Deponent

Signature of Parent



APPENDIX - C
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