



All India Institute of Medical Sciences, 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

Ref No : AIIMS/BBSR/CON/M.Sc.(N)/40/1912

Date : 17th July 2025

**INSTRUCTIONS FOR STUDENTS SEEKING ADMISSION TO
M.Sc.NURSING (2025 BATCH) AT AIIMS BHUBANESWAR**

The Executive Director, faculty and staffs congratulate all the newly joining students of M.Sc. Nursing 2025 batch for taking admission in All India Medical Sciences (AIIMS), Bhubaneswar. All students are advised to read and follow the following instructions:

Reporting

- The students who have allotted AIIMS Bhubaneswar in 1st counselling are advised to report from 24.07.2025, 11AM (Thursday) to 30.07.2025 (Monday to Friday upto 4.00PM, Saturday upto 12.00 Noon & Excluding 27.07.2025 being Holiday), to College of Nursing, AIIMS Bhubaneswar.
- The students who have allotted AIIMS Bhubaneswar in 2nd counselling are advised to report from 06.08.2025, 11AM (Wednesday) to 12.08.2025 (Monday to Friday upto 04.00PM, Saturday upto 12.00 Noon & Excluding 10.08.2025 being Holiday), to College of Nursing, AIIMS Bhubaneswar.

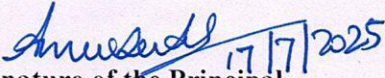
MANDATORY REQUIREMENT OF DOCUMENTS (IN ORIGINAL) DURING ADMISSION

1. **Laboratory Tests** : X ray chest (PA view), Random Blood Sugar, Urine Analysis, Blood Group and Rh factor done from a Government/NABL accredited laboratory.
2. **Original Bank Draft worth Rs.2,515/-**(Rupees Two Thousand Five Hundred Fifteen only) in favour of AIIMS Bhubaneswar Academic Fund (A/c No 557810110001482) towards admission fee. (Name, Mobile No & All India rank to be mentioned at the reverse of the Bank Draft).
3. **Educational Certificates & Other essential documents:-**
 - Offer Letter
 - Seat Allotment Letter
 - Final Registration Slip
 - Admit Card issued by AIIMS, New Delhi
 - 10th pass certificate and Mark sheet
 - Degree/Provisional/passing certificate of B.Sc.(Hons.) Nursing/B.Sc. Nursing (4 years) from any recognized University with 60% marks for Gen/OBC/EWS candidates and 55% marks or SC/ST candidates.
 - B.Sc. Nursing Mark sheets
 - **Certificate of Registration as Nurses & Midwife (RN/RM) with any State Nursing Council.**
 - Proof of recognition of College from where the candidate has completed B.Sc.(Hons.) Nursing/B.Sc. Nursing (4 years).
 - Migration 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.
 - OBC certificate should be 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 certificate should not belong to Creamy Layer.

- 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)

- Certificate for persons with Benchmark disability issued from a duly constituted and authorized Medical Board as mentioned in the prospectus.
 - Three copies of Passport size photographs (Front facing)
 - Self attested copies of all certificates (One set)
4. Candidate Information Sheet : Appendix A
5. Affidavit by the Student : On non judicial stamp paper worth Rs.10/- (Appendix B)
6. Affidavit for Parent/Guardian : On non judicial stamp paper worth Rs.10/- (Appendix C)
7. **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 & Locks.


Signature of the Principal

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


Signature of the Registrar

कुलसचिव
REGISTRAR
एखिल भारतीय आयुर्विज्ञान संस्थान
All India Institute of Medical Sciences
भुवनेश्वर-751019
Bhubaneswar-751019

CANDIDATE INFORMATION SHEET

PLEASE FILL UP THE FORM IN CAPITAL LETTER ONLY

NAME: (In CAPITAL LETTERS with Prefix SHRI./MS/MRS./DR):

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

Address for Correspondence:

[illegible]**Permanent Address:**[illegible][illegible]

Telephone Numbers (Mobile / Landline):

[illegible]

Email ID: (In CAPITAL LETTERS)

[illegible]

Parent Signature

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