



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT

A Central Autonomous Institute of National Importance under PMSSY, MoH & FW, Government of India

Date:

Annexure - 1

Admission Form for DM/M.Ch. Courses (..... Session)

1. Name of the student : _____

(In Block Letters)

2. Gender. : (Male/Female)

3. Marital Status : _____

4. Father's/Husband's Name. : _____

5. Date of Birth and Age. : _____

6. Whether Physical Handicapped: Yes / No

7. DM/M.Ch. Course : _____

8. DM/M.Ch. Department : _____

9. Offer letter No. : _____

10. Rank : _____

11. Nationality : _____

12. Correspondence Address :

13. Permanent Address:

14. Particulars of examination passed (MBBS onwards):

Name of Exam	Institute/College & University	Month & Year of Passing	% of Marks	No. of Attempts
MBBS				
MD/MS/DNB				

15. Permanent Medical Registration No.: _____

(Provisional certificate will not be considered)

16. Permanent PG Registration No : _____

17. Name of the State Medical Council : _____

18. Demand draft no (if applicable). : _____

19. E-mail address (Self) : _____

20. Mobile No.(Self) : _____

21. E-mail address (Parents) : _____

22. Mobile No.(Parents). : _____

Paste Recent
Passport Size
Photograph



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UNDERTAKING

I solemnly verify and declare that the information provided in this application is true to the best of my knowledge and belief. In the event of any information found incorrect, during the course of my selection or during my residency, I understand my selection or residency will be cancelled forthwith and I will be liable for action as deemed fit by the competent authority.

Dated:

Thumb Impression

Left Thumb

(Signature of the student)

Name:

For Office Use

Name of the Student	
DM/M.Ch. Courses	
DM/M.Ch. Department	
DM/M.Ch. Course Session	
Offer Letter no.	
Rank	
Seat Allocation	
Counselling round	
Reporting Date & Time	

Verifying Clerk/Officer
Admission Cell

Member
Admission Committee

Dean (Academics)
AIIMS Rajkot



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Date:

Annexure - 2

ADMISSION OF DM/M.Ch. COURSES FOR THE SESSION OF

.....

Name: _____ Father's Name: _____

Roll No. _____ Course DM/M.Ch. _____

Rank _____ Date of Birth _____

CHECK LIST

1.	Offer Letter	
2.	Seat allocation letter	
3.	Registration Slip	
4.	Admit Card issued by AIIMS, New Delhi	
5.	Photo ID Proof Photocopy (Aadhar Card/PAN Card)	
6.	Mark Sheets of MBBS 1 st , 2 nd and 3 rd Professional Examinations.	
7.	MBBS Degree Certificate.	
8.	MBBS Attempt Certificate	
9.	Marksheet of MD/MS exams	
10.	MD/MS Degree Certificate	
11.	MD/MS Attempt Certificate	
12.	Permanent/Provisional Registration Certificate issued by MCI or State Medical Council	
13.	High School/Higher Secondary Certificate/Birth Certificate as proof of date of birth. (Matriculation)	
14.	Migration Certificate (to be submitted within six months of admission to the academic course)	

Date:

Signature of the candidate



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Date:

Annexure - 3

OATH

I,do swear/solemnly affirm
that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established,
that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office
loyally, honestly, and with impartiality.”

(So help me God!)

Date :

Name

Department

Designation

Signature

शपथ-पत्र

मैं शपथ लेता / लेती हूँ। सत्यनिष्ठा
से प्रतिज्ञा करता / करती हूँ की भारत और विधि द्वारा स्थापित भारत के संविधान के प्रति श्रद्धा और सच्ची निष्ठा रखूंगा
/ रखूंगी। मैं भारत की प्रभुता और अखंडता अश्रुण्ण रखूंगा / रखूंगी तथा मैं अपने कर्तव्यो का राजभक्ति, ईमानदारी
और निष्पक्षता से पालन करूंगा / करूंगी।

(अतः ईश्वर मेरी सहायता करे)

दिनांक:

नाम

विभाग

पद

हस्ताक्षर



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Date:

Annexure - 4

CHARACTER CERTIFICATE

Certified that I have known Mr./Ms./.....Son/daughter of Shri.....
for the last.....yearsmonths. He/She bears a good moral character and is of
.....nationality. He/She is not related to me.

Place:

Signature

Date:

Name:

Designation with Address with stamp

This certificate should be from any one of the following:

1. Gazetted Officer of Central or State Government;
2. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident;
3. Sub-Divisional Magistrates/ Officers;
4. Tehsildars or Naib/ Deputy Tehsildars authorized to exercise magisterial powers;
5. Principal/Head Master of the recognized School/ College/ Institution where the candidate studied last;
6. Block Development Officer;
7. Post Masters; 8. P
8. Panchayat Inspectors



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Date:

Annexure - 5

Marital Declaration

I, Shri/Smt/Kum/Dr _____ as under

- (a) That I am unmarried/a widower/a widow.
- (b) That I am married and that during the life time of my spouse I have contracted another marriage. Application for grant of exemption is enclosed.
- (c) That I am married and have more than one husband/wife living. Application for grant of exemption is enclosed.
- (d) That I am married and my husband/wife has no other living wife/husband, to the best of my knowledge.
- (e) That I have contracted a marriage with a person who has already one wife or more living. Application for grant of exemption is enclosed.

I solemnly affirm that the above declaration is true and understand that in the event of declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date: -

Signature

NOTE: -

- ✓ Please delete clauses not applicable. Applicable in the case of clause (a), (b) and (c) only.
- ✓ Please submit marriage certificate in case of married.



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Date:

Annexure - 6

Statement & Declaration For Medical Examination

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto.

1. State your name in full

(In Block Letters): _____

Father's Name: _____

Photograph

2. State your age & birth Place: _____

3. (a) Have you ever had small-pox intermittent or any other fever, enlargement or suppuration of glands spitting of blood, asthma, heart disease, fainting attacks, Rheumatism, appendicitis?

(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment? _____

4. History of vaccination: _____

5. Have you or any of your near relations been afflicted with gout, asthma, fits, or insanity?

6. Have you suffered from a degree of deafness?

7. Have you suffered from any form of nervousness due to over work or any other cause?

8. Furnish the following particulars concerning your family, (disease trend in family and premature death if any)

Above statement are true and I have not suppressed any information.

Candidate's Signature Signed in

any presence Chairman of the board

- Note: The candidate will be held responsible for the accuracy of above statements.
- For **female** candidate- chest radiograph to be done only after gynaecology clearance.



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Report of the medical board on Name of

the candidate-

1.

- i. Height (Without shoes) _____ cm Weight _____ kg
Chest circumference : After full inspiration _____ cm_ full Expiration _____ cm
- ii. Respiratory system _____
- iii. Circulatory system _____

a) Heart: Any organic lesion: _____

Rate standing _____

ECG (pl attach)-date- _____

Please mention abnormality if any

b) Blood Pressure _____ Pulse rate _____ SpO₂ _____ in room air

iv) Nervous system:

v) Loco Motor system:

vi) Skin: (any obvious disease)

Remarks

(Name & Signature faculty of medicine)

2. Eyes:

(a) Any disease: Yes (mention) /No _____

(b) Defect in colour vision: Normal/ Abnormal (mention)

(c) Field of vision: Normal/ Abnormal (mention)

(d) Visual acuity: _____

	Acuity of vision	Without glass	With glass
Near vision	Right Eye		
	Left Eye		
Distant Vision	Right Eye		
	Left Eye		

Remarks

(Name & Signature of faculty ophthalmology)

3. Ears Inspection _____ Hearing _____ Right Ear: _____



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Left Ear: _____

Glands: _____ Thyroid: _____

General condition of teeth and oral cavity _____

Remarks

(Signature of faculty ENT)

4. Abdomen: Tenderness _____ Hernia _____

(a) Palpable: Liver _____ Spleen _____ Kidneys _____ Any
others _____

(b) flavonoids _____ Fistula _____ Varicose Vein _____

(C) Lymphadenopathy (Palpable) _____

Remarks

(Name & Signature of faculty surgery)

5. Gynaecologic history and examination for female candidate:

Status: _____ Single/ married

Age at menarche: _____ yrs

History of Polycystic ovarian syndrome (PCOS): _____ Yes/ No

Last visit gynaecologist and reason of visit: _____ Yes/ No Last

whole abdominal ultrasound done and indication: _____ Yes/ No Past

history of Tuberculosis/ intake of ATT: _____ Yes/ No Past

history of gynaecology surgery/ intake of chemotherapy: _____ Yes/ No

Menstrual cycle:

Length: _____ Duration of flow: _____ Regularity: _____

Associated dysmenorrhoea: _____ Last menstrual period (LMP): _____

Examination: 1) Lymphadenopathy/ Suars/ other deformities:

2) Breast and axilla for any evidence of Mass/ abnormal discharge:

3) Abdomen examination:

Remarks

(Name & Signature of Faculty, Obst. Gyn)



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6. Haematology, Blood Sugar, Urine analysis report (To be attached)

Blood group and Rh factor – (if known)

Remarks (Please mention if any major abnormalities)

(Name & Signature of faculty Biochemistry)

7. Report of screening chest radiography (no- date-)

(Name & Signature of faculty Radiodiagnosis)

8. Mention of there anything in the heath of the candidate likely to render him/ her unfit?

Note: Record their finding under one of the following categories and strike out others

- (i) Fit
- (ii) Unfit on the following reasons _____
- (iii) Temporarily unfit on account of _____

Chairman Medical Board

Seal/ Name

Dated: _____

Special medical board opinion (if required)



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Date:

Annexure - 7

UNDERTAKING

I, _____ Son/daughter of Mr./Mrs. _____
have passed INI SS Entrance Examination held for the admission July 2024.

I certify that all my Original Certificates (i.e. MBBS Marks Sheet and Certificate, Internship completion certificate, Registration certificate, Degree Certificate, and all submitted certificates are authentic. If any found false, then my candidature may be treated withdrawn/cancelled at any time during the course.

Name: _____

Signature of the Candidate:

Address:



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Date:

Annexure - 8

Self-Declaration Cum Option Form for availing of Hostel and Mess facility

- I.....S/O,D/OShri.....am willing to avail the hostel facility along with the mess facility at AIIMS Permanent Campus, Khanderi, Rajkot.
- I also agree to deposit the requisite amount for mess service with an advance of six months.
- I shall abide by all the hostel SOPs, rules and regulations.
- I will be liable for disciplinary action if I fail to follow the regulations provided by the hostel authorities.

Name: _____ Signature of the Candidate: _____

Address: _____



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Date:

Annexure - 9

AFFIDAVIT

(on Rs. 100/- Stamp Paper Duty Notarised)

I Mr/Ms./Mrs _____ age _____ years, Son of _____ resident of _____, do hereby solemnly affirm and state as under:-

1. That I am the deponent of this affidavit.
2. That I do hereby declare that I am not indulged or doing private practice of any kind including laboratory and consultant practice.
3. That presently I am not working at any other Institutions or Medical College or Government/Autonomous/Semi Government Organization. I have been relieved by the Institution where I was working previously before joining AIIMS, Rajkot.
4. That I am not drawing any salary/pension from any source other than AIIMS, Rajkot.
5. That this affidavit is required to be produced before the Executive Director, AIIMS, Rajkot for necessary action.
6. That all educational qualifications and teaching/research experiences are from recognized Institutes/college.

That the facts stated above are true to the best of knowledge and belief.

Deponent

Date:



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Date:

Annexure - 10

AFFIDAVIT BY THE PARENT

(ON Rs. 100/- STAMP PAPER DULY NOTARISED)

I _____

S/o/D/o of _____ Mr./Mrs.

Resident of _____ do hereby solemnly affirm and declare as under:

1. That my son/daughter Mr./Mrs. _____ has been selected as a student of DM/M.Ch. _____ course at All India Institute of Medical Sciences (AIIMS) Rajkot.
2. That I have gone through and fully understood the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 under Section 26 (1)(g) of the University Grants Commission Act, 1956 to be followed by all the students of AIIMS.
3. I assure you that my son/daughter/ward will not be involved or indulge in any act of ragging that may come under the definition of ragging.
4. I will follow all rules and regulations regarding ragging published in Guidelines for Councils, Universities & Colleges by the University Grant Commission (UGC), 2022
5. I will follow all rules and regulations of the Hostel of AIIMS Rajkot.
6. I have fully understood that in case my son/daughter/ward will be found indulging or involved in Ragging within or outside the premises of the AIIMS, he/she shall be appropriately punished for which he/she shall be solely responsible. I or my son/daughter shall not hold liable the AIIMS or any of its officials for any loss (s), or damage (s) and shall not claim any compensation from the it's or its office bearers.
7. I assure you that neither my son/daughter/ward nor myself or relation/acquaintances shall use social media platforms/media to malign the image of the Institution.

Deponent Signature of Parent/Guardian

VERIFICATION: verified at _____ on this day of _____ 20__ , that above affidavit is true and correct.

Name:

Address & Contact no.

Deponent Signature of Parent/Guardian



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात
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Date:

Annexure - 11

AFFIDAVIT BY THE STUDENT
(ON Rs. 100/- STAMP PAPER DULY NOTARISED)

I _____

S/o/D/o of _____ Mr./Mrs.

Resident of _____ do hereby solemnly affirm and declare as under:

1. That I _____ have been selected as a student of DM/M.Ch. _____ course at All India Institute of Medical Sciences (AIIMS) Rajkot.
2. That I have gone through and fully understood the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 under Section 26 (1)(g) of the University Grants Commission Act, 1956 to be followed by all the students of AIIMS.
3. I hereby solemnly affirm that
 - I will not indulge or involve myself in any 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 follow all rules and regulations regarding ragging published in Guidelines for Councils, Universities & Colleges by University Grant Commission (UGC), 2022.
 - I will not hurt anyone physically or psychologically or cause any other harm.
 - I will follow all rules and regulations of Hostel of AIIMS Rajkot.
4. 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 / Directive mentioned above and / or as per the law in force and for which I will be solely responsible and shall not claim and compensation.
5. I will accord due importance to the infrastructure of the Institution and understand that in the event of damage, the Institution may penalize me as an individual or as part of a group.
6. I assure you that neither myself nor my contacts shall use social media platform/media to malign the image of the Institution.

Deponent Signature of Student

VERIFICATION: verified at _____ on this day of _____ 20__ , that above affidavit is true and correct.

Name:

Address & Contact no.



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Date:

Annexure - 12

I-CARD FORM

NOTE: PLEASE FILL IN BLOCK LETTERS

Post

Dept. Name

Title

Name

Date of Birth Gender

Father/Husband's Name

Blood Group

Date of Appointment/ Joining Category

Contact No.

Alt. Contact No.

Landline No.

Email - ID

Present Address	Address	<input type="text"/>
	State	<input type="text"/>
	City	<input type="text"/>
	Pin Code	<input type="text"/>

Permanent Address	Address	<input type="text"/>
	State	<input type="text"/>
	City	<input type="text"/>
	Pin Code	<input type="text"/>

Affix Latest
Passport Size
Photograph

Signature



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Date:

Annexure - 13

MANDATE FORM

NAME						
FATHER /HUSBAND NAME						
DATE OF BIRTH	___/___/___	GENDER	M / F			
CATEGORY	UR/ OBC/ SC/ST	RELIGION		PHYSICALLY CHALLENGED	YES / NO	
DATE OF JOINING	___/___/___	DESIGNATION		DEPARTMENT NAME		
CONTACT DETAILS						
ADDRESS						
CITY		STATE		PIN CODE		
CONTACT NO.		MAIL ID				
BANK DETAILS						
BRANCH & BANK NAME						
A/C NO.		IFSC CODE				
PAN NO.						
AADHAR NO.						
NPS (PRAN) NO. (IF HAVE)						
HAVE YOU BEEN PREVIOUSLY EMPLOYED WITH AIIMS RAJKOT					YES / NO	
IF YES	DESIGNATION		DATE OF JOINING		DATE OF RELIVING	

SIGNATURE

INSTRUCTIONS:-

1. Please fill Form in block letters.
2. Enclosed these documents:-
 - I. Copy of PAN card.
 - II. Copy of Bank Account details.
 - III. Copy of Office Memorandum.
 - IV. Copy of PRAN card with NPS (PRAN) shifting form (if already have PRAN No), otherwise fill new subscriber registration form.
3. NPS new subscriber registration form and NPS (PRAN) shifting form available at AIIMS, Rajkot site.



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Receipt Number: _____

Date: _____

Annexure - 14

ADMISSION in DM/M.CH. COURSE FOR THE SESSION OF

.....

Name: _____ Father's Name: _____

Roll No. _____ Course DM/M.Ch. _____

Category _____ Rank _____ Date of Birth _____

DOCUMENT RECEIPT

1.	Offer Letter	
2.	Seat allocation letter	
3.	Registration Slip	
4.	Admit Card issued by AIIMS, New Delhi	
5.	Photo ID Proof Photocopy (Aadhar Card/PAN Card)	
6.	Mark Sheets of MBBS 1 st , 2 nd and 3 rd Professional Examinations.	
7.	MBBS Degree Certificate.	
8.	MBBS Attempt Certificate	
9.	Marksheet of MD/MS exams	
10.	MD/MS Degree Certificate	
11.	MD/MS Attempt Certificate	
12.	Permanent/Provisional Registration Certificate issued by MCI or DCI/State Medical or Dental Council.	
13.	High School/Higher Secondary Certificate/Birth Certificate as proof of date of birth. (Matriculation)	
14.	Migration Certificate (to be submitted within six months of admission to the academic course)	

Verifying Clerk/Officer
Admission Cell

Member
Admissions Committee

Dean (Academics)
AIIMS Rajkot



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Date:

Annexure - 15

JOINING REPORT

Paste Recent
Passport
Size
Photograph

To,
The HOD,
Department of
AIIMS Rajkot.

Sub: Joining as a DM/M.Ch. student

Ref: Admission to DM/M.Ch. courseat AIIMS Rajkot for Session

Sir,

Please refer to the Admission Slip No.....dated.....

regarding my admission to course in the subject of

.....at AIIMS Rajkot.

I agree to pursue the
above course as a regular full-time DM/M.Ch. student for the duration of the academic course.

I have joined the above course on (date) in the department of
..... at AIIMS Rajkot (BN/AN).

Yours faithfully,

Date:

(Signature)

Name of the Student	
Offer letter No	
Roll No	
Rank	
Counselling Round	
Address	
Email ID	
Mobile No	

For Office Use

Certified that has joined/ reported to the department of
..... at AIIMS Rajkot as a whole-time regular DM/M.Ch. student on
..... (date)BN/AN.

Head of the Department
Stamp/Seal

Dean (Academics)
Stamp/Seal