



All India Institute of Medical Sciences Rishikesh - 249203
PG (MD/MS/MDS) for the Session July 2020
(Slip for Original Certificates)

Dated:

Name of Candidate : _____ E-Mail _____
Rank No. : _____ Option: _____ Mobile: _____
Subject : _____
Category : _____

(Candidate's Signature)

The following certificates are retained by Academic Section after confirmation of seat:-

1. Offer Letter of 1st Counselling
2. Seat allocation letter of 1st Counselling
3. Final Registration Slip
4. Admit Card issued by AIIMS New Delhi
5. Mark Sheets of MBBS/BDS 1st, 2nd and 3rd Professional Examinations
6. MBBS/BDS Degree Certificate
7. Internship Completion Certificate/Certificate from the Head of Institution or College that the candidate will be completing the internship by **31st July 2020**
8. High School/Higher Secondary Certificate/Birth Certificate as proof of date of birth
9. Permanent/Provisional Registration Certificate issued by MCI or DCI/State Medical or Dental Council
10. Category Certificate in specified format given in Prospectus (SC/ST/OBC/EWS/ OPH)

OR

1. Demand Draft

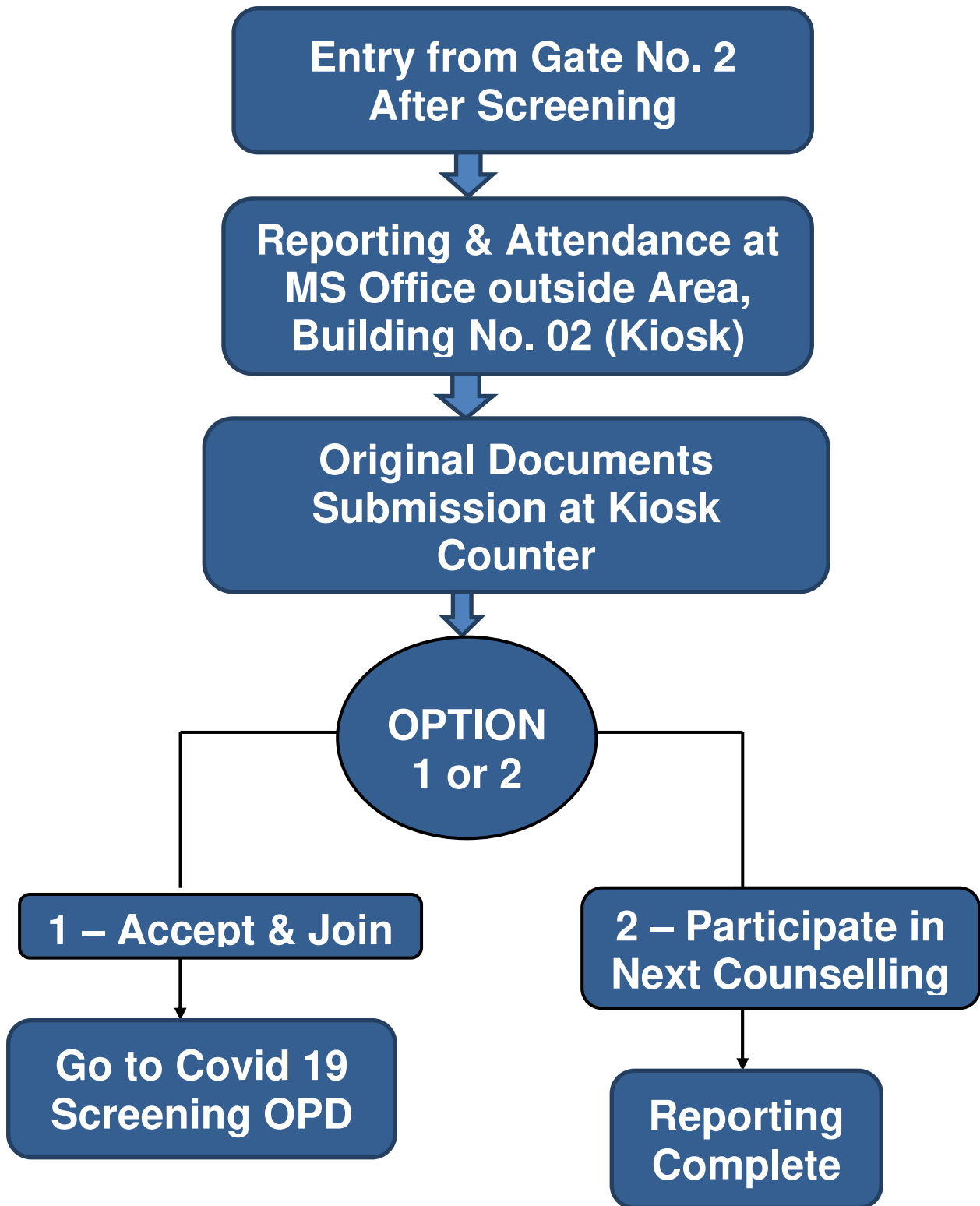
I have undertaken that I have submitted original documents as per listed above in prescribed format as given by AIIMS Delhi. If at any stage, any discrepancy occurs in original documents and my candidature change/cancel due to this, I will be fully responsible.

(Candidate's Signature)

(Certificate collected by Duty Staff)

Note: Please fill & sign this form & mail above documents with this form to sub.dean@aiimsrishikesh.edu.in before reporting to AIIMS Rishikesh

**FLOW CHART FOR PG (MD/MS/MDS) REPORTING/JOINING
JULY 2020 SESSION**



Note: Mail scanned copy of original documents to sub.dean@aiimsrishikesh.edu.in
before reporting to AIIMS Rishikesh



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Dated:

Declaration Form

1. Name: _____
2. Mobile no.: _____
3. Present address in last 14days (If multiple write-in sequence with duration)

4. Have you suffered from any of the following symptoms (Fever, cough, cold, bodyache, malaise, throat pain, breathlessness, diarrhea, loss of smell/taste, chest/abdominal pain, or bleeding tendency) in the past 14 days? _____
If Yes- Then Home isolate yourself and send a representative with authority letter
5. Have you been in close contact (being within approximately 6 feet of a Covid-19 case for a prolonged period of time (>10min) without wearing appropriate PPE) in past 14days? _____
If Yes- Then Home isolate yourself and send a representative with authority letter

Note: Please fill this form & mail this form with scanned original documents to sub.dean@aiimsrishikesh.edu.in before reporting to AIIMS Rishikesh.