

ALL INDIA INSTITUTE OF MEDICAL SCIENCES VIRBHADRA MARG, RISHIKESH-249203 UNDER GRADUATE EXAMINATION FORM

ALIMS ALIMS

																					Exa	ami	inati	ion F	orı	m N	lo.:				
																	ı				1	1					1				
To									C	Candi	late	En	rolr	nei	nt N	lo:															
	To, Examination Cell																														
AIII	MS, I	Rishi	kes	h																											
										MBB						ing _.								_Pro	fes	sio	nal,	/Su	pple	men	tary
Examination to be held in July-Aug /Dec-Jan of Year I furnish my details as stated below: -																															
1.	CAN	IDID	ATE	'S N	AME	in (Capit	al L	ette	rs (Stı	ictly	as	per	Cla	ass 2	XII o	r G	ìΑΖ	ET1	LE V	Not	ific	atio	n):							
																												Ļ			
2.	CAN	IDID	ATE	S'S I	NAM	E in	DEV	/NA(SIRI	SCRIF	Υ (H	linc	di)(St	tric	tly	as p	er (Cla	ss)	(II c	or G	jAZ	ETT	E No	tit	icat	tion	1)			
3.	MO	THE	R'S I	IRS	TNA	ME	in C	apita	al Le	tters	:																				
4.	FAT	HER	'S /I	HUSE	BANI	D NA	AME	in C	apit	al Let	ters	:			ſ											T		$\overline{\mathbf{T}}$		$\overline{\top}$	
	C	.l: .l .		D	4-111			.l	•	CADI													<u> </u>					_L			
5	Can	aiaa	te s	POS	таі н	iom	e Aa	ares	s in	CAPI [*]	IALI	Let	ters	:																<u>_L</u>	
			l	ı			1				I		I				I				<u> </u>								1		
St	tate:													Pir	n co	de:															
Cor	Contact No.:																														
	_				_																										
6.	Ema	il A	ddre	ess:																											
7. Sex Male Female 8. Date of Birth (As per Class-X Certificate)																															
9. Nationality Indian									Poreign Date Month Year										ar												
10. If Physically Handicapped Yes No																															
11. Appearing as Presh Repeat Attempt																															
								Affix Stamp																							
																												Size	Photo)	
Le	ft Han	id Thi	umb	Impre	ession	1				Si	gnatu	re c	of the	Car	ndida	ate															

I will be	appearing for the following Subjects:										
Sr.No.	Subject Name	Subject Code									
	DECL	ARATION									
-	ereby declare that I have not availed of any attem tempts permissible, by AIIMS Rishikesh for the said		present one) in excess of the maximum								
-	ereby declare that I have gone through the syllabu	•	wrong or incomplete entries made by me in								
the examination form.											
 4) I hereby declare that I shall not claim any concession on religious ground. 5) I am not defying the criteria of the admission order. 											
6) I a	m not admitted to the course after the cut-off date	e declared by the	institute for grant of terms.								
Date:			Signature of Candidate								
Dute.			Signature of Canadate								
l cei	ATTESTATION BY THE CO	NTROLLER OF EX	AMINATION								
Shri	/Smt/Kumari	is a bonafide	e student of this college and has satisfactorily								
1.	tended the classes and His/her attendance is not less than as prescribed	•	- ·								
 Eligibility in cases of NRI, AI, etc. has already been sought (wherever applicable). He/she was allowed / not allowed to appear for previous examination. 											
4. The candidate has completed that academic terms and appeared in mandatory number of internal assessment tests as per the Institute rules (wherever applicable).											
 5. He/She is not admitted to the course after the cut-off date for grant of terms. 6. That the information furnished by the said candidate is verified from his/her documents and that the Candidat 											
Pla	is Eligible /Not Eligible to appear for Institute Exa	ammation.									
	ite:										
Ch	ecked by-		Signature & Seal of the								
Ass	sistant Controller		Dean(Examination)								
	amination Section IMS, Rishikesh		Examination Section AIIMS, Rishikesh								

Examination Fee- Rs. 500/- per subject (For Professional/Supple. exam) Late Fee- Rs. 100/- per day