

अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश – 249203

All India Institute of Medical Sciences Rishikesh

Virbhadra Marg, Rishikesh, Uttarakhand – 249203 www.aiimsrishikesh.edu.in

APPLICATION FORM FOR M.Sc. COURSE, AUGUST 2023 SESSION

Applied for- M.		M.Sc.							
			(Write Subject as	per Prospectu	ıs)				
App	olied unde	r:	Open (Yes/No	o)					
Fee Details: Date									
		(Pleas	se attach proof	of payment	t)				
1	Name (in BLOC letters)						Af	fix Pass	sport
2	2 Father's Name			Size Photogra duly attested Gazetted Offic				ted by	
3	3 Date of Birth (in <i>Christian</i> era)		ra)						
(Ple	ase attacl	n self-a	attested copy o	f relevant o	certificate)				
4	Permane Address	ent							
5	Address	for							
	correspo	ndenc	e						
6	Mobile N Tele. No	•				7. Citizensh	nip		
8	e-mail ic	I				9. Gende	er	M	1/F
10	10 Category		UR	SC	ST	OBC		EWS	PWBD

11	Educational Qualification						
S.	Professional	Year of	Name of	Name of	Medals &	Total	No of
No.	Education	Final	Institute	University	awards if	percentage	<u>Attempt</u>
		exam			any	obtained/	
						Pass	
1							
2							
3							
4							
5							
6							

^{*} Attach self-attested copies of relevant documents.

12	Experience details (if applicable)						
	Experience as	Name of Institute	From to	Remarks			
1							
2							

^{*}Attach self-attested copies of relevant documents.

Declaration

I further declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification and experience etc. prescribed for the course.

Date:-

Signature of Candidate

Enclosures: -

Copy of the self-attested Certificate	Please tick (√)
1. Date of Birth and Class X and XII Certificate	
2. NMC/DCI registration (If applicable)	
3. Internship completion certificate (If applicable)	
4. SC/ST/OBC/EWS/PWBD certificate issued by the competent authority (if applicable)	
5. UG Mark-sheets	
6. UG Degree	
7. Attempt certificates (If applicable)	
8. Copies of any other relevant documents	