

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 2024 SESSION

MCo

Applied for-		147	1.50.						
		(V	Vrite Subject as	per Prospectu	ıs)				
Applied under: O		Open (Yes/No	D)						
Fee Details: Date_				Bank nam	ne				
	Na	(Please	attach proof	of payment	<u>t)</u>				
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2 Father's Name		Size Phot duly atte Gazetted			e Photo y attest	graph ted by			
3 Date of Birth (in <i>Christian</i> era)									
(Ple			tested copy o	f relevant c	certificate)				
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11	Educational Qualification						
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No.	Education	Final	Institute	University	awards if	percentage	<u>Attempt</u>
		exam			any	obtained/	
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^{*} 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	