

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. (Medical) COURSE, AUGUST 2025 SESSION

M.Sc. (Medical)

Applied for-								
		(W	rite Subject as	per Prospectu	is)			
App	olied unde	r: O	pen (Yes/No)				
		NEFT/R	TGS NoBank name			Date		
Fee Details:		(DI						
	Name	(Please	attach proof	of payment	5)			
1							Affix Passport	
2	Father's Name					Size Photograph duly attested by Gazetted Officer		
3	(in C <i>nristian</i> era)						00200	cca omicci
(Ple			ested copy o	f relevant c	ertificate)			
4	Permane Address	ent						
Address for		for						
5 correspondence								
6	Mobile No. / Tele. No.					7. Citizenship		
8	8 e-mail id					9. Gender		M/F
10	Cate	gory	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							
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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	