



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT

A Central Autonomous Institute of National Importance under PMSSY, MoH & FW, Government of India

Date:

Annexure - 1

Postgraduate Admission Form (.....Session)

1. Name of the PG student. : _____

(In Block Letters)

2. Gender. : (Male/Female)

3. Marital Status : _____

4. Father's/Husband's Name. : _____

5. Date of Birth and Age. : _____

6. Category :

7. Whether Physical Handicapped: Yes / No

8. PG Course : _____

9. PG Department : _____

10. Offer letter No. : _____

11. Rank : _____

12. Nationality : _____

13. Correspondence Address:

14. Permanent Address:

15. Particulars of examination passed (MBBS onwards):

Name of Exam	Institute/College & University	Month & Year of Passing	% of Marks	No. of Attempts
MBBS				
MD/MS/DNB				

16. Permanent Medical Registration No.: _____

17. Name of the State Medical Council : _____

18. Demand draft no (if applicable). : _____

19. E-mail address (Self) : _____

20. Mobile No.(Self) : _____

21. E-mail address (Parents) : _____

22. Mobile No.(Parents). : _____

Paste Recent
Passport Size
Photograph



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UNDERTAKING

I solemnly verify and declare that the information provided in this application is true to the best of my knowledge and belief. In the event of any information found incorrect, during the course of my selection or during my residency, I understand my selection or residency will be cancelled forthwith and I will be liable for action as deemed fit by the competent authority.

Dated:

Thumb Impression

Left Thumb

(Signature of the student)

Name:

For Office Use

Name of PG Student	
PG Course	
PG Department	
PG Session	
Offer Letter no.	
Rank	
Seat Allocation	
Counselling round	
Reporting Date & Time	

Verifying Clerk/Officer
Admission Cell

Member
PG Admission Committee

Dean
AIIMS Rajkot



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Date:

Annexure - 2

PG ADMISSION FOR THE SESSION OF

Name: _____ Father's Name: _____

Roll No. _____ Course MD/MS _____

Category _____ Rank _____ Date of Birth _____

CHECK LIST

1.	Offer Letter	
2.	Seat allocation letter	
3.	Registration Slip	
4.	Admit Card issued by AIIMS, New Delhi	
5.	Photo ID Proof Photocopy (Aadhar Card/PAN Card)	
6.	Mark Sheets of MBBS/BDS 1 st , 2 nd and 3 rd Professional Examinations.	
7.	MBBS/BDS Degree Certificate.	
8.	Internship Completion Certificate/Certificate from the Head of Institution or College that the candidate will be completing the internship by 31 st January 2024.	
9.	MBBS Attempt Certificate	
10.	Permanent/Provisional Registration Certificate issued by MCI or DCI/State Medical or Dental Council.	
11.	High School/Higher Secondary Certificate/Birth Certificate as proof of date of birth. (Matriculation)	
12.	Cast Certificate a. SC/ST Certificate issued by the competent authority and in English. b. OBC Certificate issued by the competent authority for central Govt. jobs/for admission in Central Govt. College/Institute in prescribed format. The sub-caste should tally with the Central List of OBC. *OBC Certificates should has been issued between 06.11.2022 to 05.11.2023, both dates inclusive. * EWS Certificates should has been issued between 01.04.2023 to 05.11.2023, both dates inclusive.	
13.	For PwBD Candidates, Physical Disability Certificate issued from a duly constituted and authorized Medical Board as mentioned in the prospectus.	
14.	Migration Certificate (to be submitted within six months of admission to the academic course)	
15.	Character Certificate	

Date:

Signature of the candidate

Signature of Member of PG Admission Committee



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Date:

Annexure - 3

OATH

I,do swear/solemnly affirm
that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established,
that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office
loyally, honestly, and with impartiality.”

(So help me God!)

Date :

Name

Department

Designation

Signature

शपथ-पत्र

मैं शपथ लेता / लेती हूँ। सत्यनिष्ठा
से प्रतिज्ञा करता / करती हूँ की भारत और विधि द्वारा स्थापित भारत के संविधान के प्रति श्रद्धा और सच्ची निष्ठा रखूंगा
/ रखूंगी। मैं भारत की प्रभुता और अखंडता अश्रुण्ण रखूंगा / रखूंगी तथा मैं अपने कर्तव्यो का राजभक्ति, ईमानदारी
और निष्पक्षता से पालन करूंगा / करूंगी।

(अतः ईश्वर मेरी सहायता करे)

दिनांक:

नाम

विभाग

पद

हस्ताक्षर



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Date:

Annexure - 4

CHARACTER CERTIFICATE

Certified that I have known Mr./Ms./.....Son/daughter of Shri.....
for the last.....yearsmonths (Minimum 5 years). He/She bears a good moral character
and is ofnationality. He/She is not related to me.

Place:

Signature

Date:

Name:

Designation with Address with stamp

This certificate should be from any one of the following:

1. Gazetted Officer of Central or State Government;
2. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident;
3. Sub-Divisional Magistrates/ Officers;
4. Tehsildars or Naib/ Deputy Tehsildars authorized to exercise magisterial powers;
5. Principal/Head Master of the recognized School/ College/ Institution where the candidate studied last;
6. Block Development Officer;
7. Post Masters; 8. P
8. Panchayat Inspectors



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Date:

Annexure - 5

Marital Declaration

I, Shri/Smt/Kum/Dr _____ as under

- (a) That I am unmarried/a widower/a widow.
- (b) That I am married and during the lifetime of my spouse, I have contracted another marriage. The application for a grant of exemption is enclosed.
- (c) That I am married and have more than one husband/wife living. The application for a grant of exemption is enclosed.
- (d) That I am married and my husband/wife has no other living wife/husband, to the best of my knowledge.
- (e) That I have contracted a marriage with a person who has already one wife or more living. The application for a grant of exemption is enclosed.

I solemnly affirm that the above declaration is true and understand that in the event of declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date: -

Signature

NOTE: -

- ✓ Please delete clauses not applicable. Applicable in the case of clause (a), (b) and (c) only.
- ✓ Please submit marriage certificate in case of married.



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Date:

Annexure - 6

Statement & Declaration For Medical Examination

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto.

1. State your name in full

(In Block Letters): _____

Father's Name: _____

Photograph

2. State your age & birth Place: _____

3. (a) Have you ever had small-pox intermittent or any other fever, enlargement or suppuration of glands spitting of blood, asthma, heart disease, fainting attacks, Rheumatism, appendicitis?

(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment? _____

4. History of vaccination: _____

5. Have you or any of your near relations been afflicted with gout, asthma, fits, or insanity?

6. Have you suffered from a degree of deafness?

7. Have you suffered from any form of nervousness due to over work or any other cause?

8. Furnish the following particulars concerning your family, (disease trend in family and premature death if any)

Above statement are true and I have not suppressed any information.

Candidate's Signature Signed in any
presence Chairman of the board

- Note: The candidate will be held responsible for the accuracy of above statements.
- For **female** candidate- chest radiograph to be done only after gynaecology clearance.



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Report of the medical board on Name of

the candidate-

1.

- i. Height (Without shoes) _____ cm Weight _____ kg
Chest circumference : After full inspiration _____ cm_ full Expiration _____ cm
- ii. Respiratory system _____
- iii. Circulatory system _____

a) Heart: Any organic lesion: _____

Rate standing _____

ECG (pl attach)-date- _____

Please mention abnormality if any

b) Blood Pressure _____ Pulse rate _____ SpO₂ _____ in room air

iv) Nervous system:

v) Loco Motor system:

vi) Skin: (any obvious disease)

Remarks

(Name & Signature faculty of medicine)

2. Eyes:

(a) Any disease: Yes (mention) /No _____

(b) Defect in colour vision: Normal/ Abnormal (mention)

(c) Field of vision: Normal/ Abnormal (mention)

(d) Visual acuity: _____

	Acuity of vision	Without glass	With glass
Near vision	Right Eye		
	Left Eye		
Distant Vision	Right Eye		
	Left Eye		

Remarks

(Name & Signature of faculty ophthalmology)

3. Ears Inspection _____ Hearing _____ Right Ear: _____



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Left Ear: _____

Glands: _____ Thyroid: _____

General condition of teeth and oral cavity _____

Remarks

(Signature of faculty ENT)

4. Abdomen: Tenderness _____ Hernia _____

(a) Palpable: Liver _____ Spleen _____ Kidneys _____ Any
others _____

(b) flavonoids _____ Fistula _____ Varicose Vein _____

(C) Lymphadenopathy (Palpable) _____

Remarks

(Name & Signature of faculty surgery)

5. Gynaecologic history and examination for female candidate:

Status: Single/ married

Age at menarche: yrs

History of Polycystic ovarian syndrome (PCOS): Yes/ No

Last visit gynaecologist and reason of visit: Yes/ No Last

whole abdominal ultrasound done and indication: Yes/ No Past

history of Tuberculosis/ intake of ATT: Yes/ No Past

history of gynaecology surgery/ intake of chemotherapy: Yes/ No

Menstrual cycle:

Length: Duration of flow: Regularity:

Associated dysmenorrhoea: Last menstrual period (LMP):

Examination: 1) Lymphadenopathy/ Suars/ other deformities:

2) Breast and axilla for any evidence of Mass/ abnormal discharge:

3) Abdomen examination:

Remarks

(Name & Signature of Faculty, Obst. Gyn)



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6. Haematology, Blood Sugar, Urine analysis report (To be attached)

Blood group and Rh factor – (if known)

Remarks (Please mention if any major abnormalities)

(Name & Signature of faculty Biochemistry)

7. Report of screening chest radiography (no- date-)

(Name & Signature of faculty Radiodiagnosis)

8. Mention of there anything in the heath of the candidate likely to render him/ her unfit?

Note: Record their finding under one of the following categories and strike out others

- (i) Fit
- (ii) Unfit on the following reasons _____
- (iii) Temporarily unfit on account of

Chairman Medical Board

Seal/ Name

Dated: _____

Special medical board opinion (if required)



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Date:

Annexure - 7

UNDERTAKING

I, _____ Son/daughter of Mr./Mrs. _____ have passed INI CET Entrance Examination held for the admission January 2024.

I certify that all my Original Certificates (i.e. MBBS Marks Sheet and Certificate, Internship completion certificate, Registration certificate, Degree Certificate, and Scheduled Caste/ Scheduled Tribe (SC/ST)/ Other Backward Class (OBC) are authentic. If any found false, then my candidature shall be treated withdrawn/cancelled at any time during the course.

Name: _____

Signature of the Candidate: _____

Address:



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Date:

Annexure - 8

DECLARATION

I,Son/daughter of Shri
resident of village/town/citydistrict State hereby
declare that I belong to the Community, which is recognized as a backward class by the
Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and
Training Office Memorandum No. 36012/22/93-Estt.(SCT), dated 08.09.1993. It is also declared that I do not belong to
persons/ sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above- referred Office Memorandum, dated
08.09.1993.

Date: _____

Signature of the candidate

Name & permanent address

.....

.....

.....

(Note: To be filled by OBC category only)



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Date:

Annexure - 9

Self-Declaration Cum Option Form for availing of Hostel and Mess facility

- I.....S/O,D/OShri.....am willing to avail the hostel facility along with the mess facility at AIIMS Permanent Campus, Khanderi, Rajkot.
- I also agree to deposit the requisite amount for mess service with an advance of one month.
- I shall abide by all the hostel SOPs, rules and regulations.
- I will be liable for disciplinary action if I fail to follow the regulations provided by the hostel authorities.

Name: _____ Signature of the Candidate: _____

Address: _____



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Date:

Annexure - 10

AFFIDAVIT

(on Rs. 100/- Stamp Paper Duty Notarised)

I Mr/Ms./Mrs _____ age _____ years, Son of _____ resident of _____, do hereby solemnly affirm and state as under:-

1. That I am the deponent of this affidavit.
2. That I do hereby declare that I am not indulged or doing private practice of any kind including laboratory and consultant practice.
3. That presently I am not working at any other Institutions or Medical College or Government/Autonomous/Semi Government Organization. I have been relieved by the Institution where I was working previously before joining AIIMS, Rajkot.
4. That I am not drawing any salary/pension from any source other than AIIMS, Rajkot.
5. That this affidavit is required to be produced before the Director, AIIMS, Rajkot for necessary action.
6. That all educational qualifications and teaching/research experiences are from recognized Institutes/college.

That the facts stated above are true to the best of knowledge and belief.

Deponent

Date:



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Date:

Annexure - 11

AFFIDAVIT BY THE PARENT

(ON Rs. 100/- STAMP PAPER DULY NOTARISED)

I _____

S/o/D/o of _____ Mr./Mrs.

Resident of _____ do hereby solemnly affirm and declare as under:

1. That my son/daughter Mr./Mrs. _____ has been selected as a student of Post Graduate/Postdoctoral student in _____ Post graduate course at All India Institute of Medical Sciences (AIIMS) Rajkot.
2. That I have gone through and fully understood the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 under Section 26 (1)(g) of the University Grants Commission Act, 1956 to be followed by all the students of AIIMS.
3. I assure you that my son/daughter/ward will not be involved or indulge in any act of ragging that may come under the definition of ragging.
4. I will follow all rules and regulations regarding ragging published in Guidelines for Councils, Universities & Colleges by the University Grant Commission (UGC), 2022
5. I will follow all rules and regulations of the Hostel of AIIMS Rajkot.
6. I have fully understood that in case my son/daughter/ward will be found indulging or involved in Ragging within or outside the premises of the AIIMS, he/she shall be appropriately punished for which he/she shall be solely responsible. I or my son/daughter shall not hold liable the AIIMS or any of its officials for any loss (s), or damage (s) and shall not claim any compensation from the it's or its office bearers.
7. I assure you that neither my son/daughter/ward nor myself or relation/acquaintances shall use social media platforms/media to malign the image of the Institution.

VERIFICATION: verified at _____ on this day of _____ 20__ . , that above affidavit is true and correct.

Deponent Signature of Parent/Guardian

Name:

Address & Contact no.

Deponent Signature of Parent/Guardian



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Date:

Annexure - 12

AFFIDAVIT BY THE STUDENT
(ON Rs. 100/- STAMP PAPER DULY NOTARISED)

I _____

S/o/D/o of Mr./Mrs. _____

Resident of _____ do hereby solemnly affirm and declare as under:

1. That I _____ have been selected as a student of MD/MS _____ Post graduate course at All India Institute of Medical Sciences (AIIMS) Rajkot.
2. That I have gone through and fully understood the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 under Section 26 (1)(g) of the University Grants Commission Act, 1956 to be followed by all the students of AIIMS.
3. I hereby solemnly affirm that
 - I will not indulge or involve myself in any behavior or act that may come under the definition of ragging.
 - I will not participate in or abet or propagate ragging in any form.
 - I will follow all rules and regulations regarding ragging published in Guidelines for Councils, Universities & Colleges by University Grant Commission (UGC), 2022.
 - I will not hurt anyone physically or psychologically or cause any other harm.
 - I will follow all rules and regulations of Hostel of AIIMS Rajkot.
4. I have fully understood that if found indulging or guilty of any aspect of ragging within or outside AIIMS campus, I may be punished as per the provisions of the AIIMS Regulations / Directive mentioned above and / or as per the law in force and for which I will be solely responsible and shall not claim and compensation.
5. I will accord due importance to the infrastructure of the Institution and understand that in the event of damage, the Institution may penalize me as an individual or as part of a group.
6. I assure you that neither myself nor my contacts shall use social media platform/media to malign the image of the Institution.
7. I am aware of the system of punishment in case of ragging other student and that in case I become involved in any manner in any ragging case I am liable for any punishment, including:
 - Cancellation of admission.
 - Suspension from attending classes.
 - Withholding/ withdrawing scholarship/fellowship and other benefits.
 - Debarring from appearing for any test/examination or other evaluation process.
 - Withholding results.
 - Debarring from representing the institution in any national or international meet, tournament, youth festival, etc.
 - Suspension, expulsion from the hostel.
 - Rustication from the institution for periods varying from 1 to 2 academic years.
 - Expulsion from the Institution and consequent debarring from admission to any other Institution.
 - Fine and Rigorous imprisonment as prescribed by the Court of Law.

VERIFICATION: verified at _____ on this day of _____ 20__ , that above affidavit is true and correct.

Deponent Signature of Student

Name:

Address & Contact no.



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Date:

Annexure - 13

I-CARD FORM

NOTE: PLEASE FILL IN BLOCK LETTERS

Post

Dept. Name

Title

Name

Date of Birth Gender

Father/Husband's Name

Blood Group

Date of Appointment/ Joining Category

Contact No.

Alt. Contact No.

Landline No.

Email - ID

Present Address	Address	<input type="text"/>
	State	<input type="text"/>
	City	<input type="text"/>
	Pin Code	<input type="text"/>

Permanent Address	Address	<input type="text"/>
	State	<input type="text"/>
	City	<input type="text"/>
	Pin Code	<input type="text"/>

Affix Latest
Passport Size
Photograph

Signature



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Date:

Annexure - 14

MANDATE FORM

NAME						
FATHER /HUSBAND NAME						
DATE OF BIRTH	___/___/___	GENDER	M / F			
CATEGORY	UR/ OBC/ SC/ST	RELIGION		PHYSICALLY CHALLENGED	YES / NO	
DATE OF JOINING	___/___/___	DESIGNATION		DEPARTMENT NAME		
CONTACT DETAILS						
ADDRESS						
CITY		STATE		PIN CODE		
CONTACT NO.		MAIL ID				
BANK DETAILS						
BRANCH & BANK NAME						
A/C NO.		IFSC CODE				
PAN NO.						
AADHAR NO.						
NPS (PRAN) NO. (IF HAVE)						
HAVE YOU BEEN PREVIOUSLY EMPLOYED WITH AIIMS RAJKOT					YES / NO	
IF YES	DESIGNATION		DATE OF JOINING		DATE OF RELIVING	

SIGNATURE

INSTRUCTIONS:-

1. Please fill Form in block letters.
2. Enclosed these documents:-
 - I. Copy of PAN card.
 - II. Copy of Bank Account details.
 - III. Copy of Office Memorandum.
 - IV. Copy of PRAN card with NPS (PRAN) shifting form (if already have PRAN No), otherwise fill new subscriber registration form.
3. NPS new subscriber registration form and NPS (PRAN) shifting form available at AIIMS, Rajkot site.



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Receipt Number: _____

Date: _____

Annexure - 15

PG ADMISSION FOR THE SESSION OF

Name: _____ Father's Name: _____

Roll No. _____ Course MD/MS _____

Category _____ Rank _____ Date of Birth _____

DOCUMENT RECEIPT

1.	Offer Letter	
2.	Seat allocation letter	
3.	Registration Slip	
4.	Admit Card issued by AIIMS, New Delhi	
5.	Photo ID Proof Photocopy (Aadhar Card/PAN Card)	
6.	Mark Sheets of MBBS/BDS 1 st , 2 nd and 3 rd Professional Examinations.	
7.	MBBS/BDS Degree Certificate.	
8.	Internship Completion Certificate/Certificate from the Head of Institution or College that the candidate will be completing the internship by 31 st January 2024.	
9.	MBBS Attempt Certificate	
10.	Permanent/Provisional Registration Certificate issued by MCI or DCI/State Medical or Dental Council.	
11.	High School/Higher Secondary Certificate/Birth Certificate as proof of date of birth. (Matriculation)	
12.	Cast Certificate c. SC/ST Certificate issued by the competent authority and in English. d. OBC Certificate issued by the competent authority for central Govt. jobs/for admission in Central Govt. College/Institute in prescribed format. The sub-caste should tally with the Central List of OBC. *OBC Certificates should has been issued between 06.11.2022 to 05.11.2023, both dates inclusive. * EWS Certificates should has been issued between 01.04.2023 to 05.11.2023, both dates inclusive.	
13.	For PwBD Candidates, Physical Disability Certificate issued from a duly constituted and authorized Medical Board as mentioned in the prospectus.	
14.	Migration Certificate (to be submitted within six months of admission to the academic course)	

Verifying Clerk/Officer
Admission Cell

Member
PG Admissions Committee

Dean (Academics)
AIIMS Rajkot



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT

A Central Autonomous Institute of National Importance under PMSSY, MoH & FW, Government of India

Date:

Annexure - 16

JOINING REPORT

Paste Recent
Passport
Size
Photograph

To,
The HOD,
Department of
AIIMS Rajkot.

Sub: Joining as postgraduate student

Ref: Admission to postgraduate courseat AIIMS Rajkot for Session

Sir,

Please refer to the Admission Slip No.....dated.....

regarding my admission to course in the subject of

.....at AIIMS Rajkot undercategory.

I agree to pursue the
above course as a regular full-time PG student for the duration of the academic course.

I have joined the above course on (date) in the department of
..... at AIIMS Rajkot (FN/AN).

Yours faithfully,

Date:

(Signature)

Name of the Student	
Offer letter No	
Roll No	
Rank	
Category	
Counselling Round	
Address	
Email ID	
Mobile No	

For Office Use

Certified that has joined/ reported to the department of
..... at AIIMS Rajkot as a whole-time regular PG student on
..... (date)FN/AN.

Head of the Department
Stamp/Seal

Dean (Academics)
Stamp/Seal



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Date:

Annexure - 17

ATTESTATION FORM

WARNING:-

9. The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render the candidate unfit for employment under the Govt.

10. If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted, etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the attestation form has been sent early, failing which it will be deemed to be a suppression of factual information.

Affix passport size
photograph here

3. If the fact that false information has been furnished or there has been suppression of any factual information in the attestation form comes to notice at a time during the service of a person, his/her services would be liable to be terminated.

(i) Name in full (IN BLOCK CAPITALS) :
with alias, if any. (Please indicate if you have added or
dropped in any stage any part of your name or surname)

(ii) Present address in full :
(i.e. Village / Thana / District or House No./ Lane/
Street / Road / Town and name of District Hqrs.)

(iii) (a) Home address in full :
(i.e. Village / Thana /District or House No./Lane /
Street / Road / Town and name of District Hqrs.)

(b) If originally a resident of Pakistan, the address in
that country and the date of migration to Indian Union :

4. Particulars of places (with period of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

S. No.	From	To	Residential address in full (i.e. Village / Thana / District or Door No. / Lane / Street / Road and Town)	Name of the Hqrs. of the places mentioned in the preceding column



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Members of family	Name (with alias, if any)	Nationality	Place of Birth	Occupation (if employed, give designation and Office address	Present postal address and permanent Home address
	1	2	3	4	5
Father					
Mother					
Wife / Husband					
Brother/s					
Sister/s					

5. Information to be furnished with regard to son(s) and daughter(s) in case they are studying / living in a foreign country.

Name	Nationality (By birth or Domicile)	Place of birth	Country in which studying/living with full address	Date from which studying in the country mentioned in previous column



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6. Nationality (by birth or Domicile) :
7. (a) Date of birth :
- (b) Present age :
- (c) Age at Matriculation :
8. (a) Place of Birth/District & State in which situated :
- (b) District & State to which you presently belong :
- (c) Distt & State to which your father originally belonged :
9. (a) Your religion :
- (b) Are you a member of SC / ST / OBC
(strike out whichever not applicable) :
- (c) Name of the Caste :
- (d) Category of candidature (PH / EX-SM / Dependents of EX-SM killed in action)
: (strike out whichever not applicable)
10. Educational qualification showing places of education with years in School(s) and Colleges(s) since 15th year of age.

Name of School/ College with full address	Date of entrance	Date of leaving	Examination(s) passed



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11. (a) Are you holding or have any time held an appointment under the Central or State Government or a Semi-Government or a Quasi-Government body or an Autonomous body or a public undertaking or a private firm or institution. If, so, give full particulars with dates of employment, up-to-date.

Period		Designations, Emoluments and nature of employment	Full name and address of the employer	Reasons for leaving previous service
From	To			

- (b) If the previous employment was under the Government of India / a State Government / an Undertaking owned by or controlled by the Government of India or a State Government /an autonomous body / University / local body.

(state whether you had left service on giving a month's notice under Rule 5 of Central Civil Services (Temporary Service) Rules, 1965, or any similar corresponding rules where any disciplinary proceedings framed against you, or had you been called upon to explain you conduct in any matter at the time you have been served with notice of termination of service, or at a subsequent date, before your services were actually terminated).

12. (a) Have you ever been arrested? Authority / Institution at the time of filling up this Attestation Form
- (b) Have you ever been prosecuted? : Yes / No
- (c) Have you ever been kept under detention? : Yes / No
- (d) Have you ever been bound down? : Yes / No
- (e) Have you ever been fined by a Court of Law? : Yes / No
- (f) Have you ever been convicted by a Court of Law for any offence? : Yes / No
- (g) Have you ever been debarred from any examination or restricted by any University or any other educational Authority / Institution? : Yes / No
- (h) Have you ever been debarred / disqualified by any Public Service Commission/Staff Selection Commission for any of its examinations / selections? : Yes / No
- (i) Is any case pending against you in any University or any other Educational : Yes / No



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(j) Is any case pending against you in any Court of law at the time of filling up this Attestation Form? : Yes /No

(k) Whether discharged/expelled/ withdrawn from any training institution under the Govt. or otherwise? : Yes /No

If the answer to any of the above mentioned questions is “Yes”, give full particulars of the case Viz. arrest/ detention/ fine/ conviction/ sentence/ punishment, etc., and the nature of the case pending in the Court/ University/ Educational authority, etc. at the time of filling up of this form.

NOTE : (i) Please also see the ‘WARNING’ at the top of this form

(ii) Specific answers to each of the questions should be given by striking out “Yes” or “No” as the case may be.

13. Name and addresses of two responsible persons of your locality or two references to whom you are well known.

(1)

(2)

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM NOT AWARE OF ANY CIRCUMSTANCES WHICH MIGHT IMPAIR MY FITNESS FOR EMPLOYMENT UNDER THE GOVERNMENT OF INDIA.

Date :

Place :

Signature of the candidate/employee