INFORMATION BROCHURE REGARDING REPORTING & ADMISSION PROCEDURE FOR MBBS COURSES – NEET UG 2021 SESSION

Congratulations on allotment of MBBS seat at AIIMS Bilaspur (H.P.). Please download and read this document carefully. The reporting dates and time for the admission process will be as follows

28th February – 5th March 2022 from 10 AM to 4 PM.

Candidates should report by 10 AM.

Admission Venue: Tutorial Room 1, Ground floor, Admin & Academic Block.

IMPORTANT: Vaccination certificate is MANDATORY (Candidates should have received both the doses of vaccine against the corona virus or be in the waiting period for the second dose).

CLASSES ARE STARTING FROM 2ND MARCH 2022

FOR CANDIDATES WHO CHOOSE TO OPT FOR MOP-UP ROUND

Documents to be brought along (1 set of Photocopies)

FOR CANDIDATES WHO ARE ALREADY ADMITTED

Report to the hostel office, Ground floor, PG Boys Hostel. Mr Balwant Singh (7018942416/9736898722)

FOR CANDIDATES WHO CHOOSE TO ACCEPT THE SEAT

Documents to be brought along (Original + 3 sets of Photocopies) *duly filled if applicable

Annexure I

On the day of reporting:

- a) Report to the Admission venue and submit the Admission Form along with Allotment letter from MCC to the Security Personnel at the Gate.
- b) Upon being summoned, produce a copy of vaccination certificate and enter the hall and be seated. Only the candidate is permitted to enter the Admission Hall.
- c) You will be called at certificate verification desks inside the hall. Please produce documents no. 3 to 17 along with 4 passport-size photographs. These documents and photographs will be retained by the admission team. In addition, Aadhaar card in original will be verified and returned to the candidate. The photocopies of it will be retained.
- d) After successful certificate verification, a receipt of documents will be issued to the candidate.
- e) Candidate will also be provided a form for Medical Examination.
- f) Move to the Hostel Desk and submit the Documents No. 19 to 22 along with 2 passport-size photographs. Aadhaar card in original will be verified and returned to the candidate. The photocopies of it will be retained.
- g) After successful verification, student shall be provided room inventory letter, Hostel Undertaking which needs to be submitted to the Hostel Office by end of the Next day of admission.

h) Proceed for Medical Examination to the AYUSH Block. The duly signed Medical Examination report should be submitted to the admission team. MEDICAL EXAMINATION WILL NOT BE CONDUCTED ON SATURDAYS.

FEES STRUCTURE

S. No.	Academic & Other Fees	Amount (In Rs.)	Hostel & Other Fees	Amount (In Rs.)
1.	Registration Fee	25.00	Hostel Rent	990.00
2.	Caution Money	100.00	Gymkhana Fee	220.00
3.	Tuition Fee	1350.00	Pot Fund	1320.00
4. Laboratory Fee		90.00	Electricity Charges	198.00
5. Student Union Fee		63.00	Mess Security (Refundable)	500.00
6.			Hostel Security (Refundable)	1000.00
	Total (A) 1628.00 Total (B)			
GRAND TOTAL (A + B)				

Refund:

On vacating the hostel, Hostel and Mess Security will be refunded after adjusting for damages or dues.

HOSTEL ACCOMMODATION

Hostel and Mess is compulsory.

Facilities available in hostel rooms: Double sharing accommodation with cot, a small storage cupboard, Study table, and study chair. Things that may be brought by the students: mattress, pillow, bed sheet, pillow cover, buckets, mug, and personal items etc.

ADDITIONAL INFORMATION:

Location of the admission venue:

Tutorial hall 1 is located in the Ground floor of Admin & Academic Block, AIIMS Bilaspur (H.P.) (https://goo.gl/maps/7LssLEbcxtVzzxCdA).

Outlets for taking print-out:

It is advisable to get all the annexures printed out from your hometown. Currently there are no facility for printing is located within the campus or nearby.

Location of hostels:

PG Married hostel for Girls and UG Boys Hostel for Boys are located in Residential Area of the Campus.

Facilities parents or accompanying persons:

No waiting area is allocated. Accompanying persons and parents are not allowed inside the Admin & Academic Block (with the exception of PwD candidates who require assistance).

There is no provision of accommodation for accompanying person in the campus. Paid meals can be availed in the Mess on prior intimation to mess manager.

Bank Account

It is advised for Candidates to open a Bank Account with State Bank of India, AIIMS Bilaspur for any future transactions with the institute.

APPENDIX I

List of certificates to be submitted at the time of admission:

- 1) Provisional allotment letter: Issued by MCC
- 2) Admission Form (Annexure 1)
- 3) Demand Draft of Rs. 5856/- in favour of Director, AlIMS Bilaspur, payable at Bilaspur
- 4) Identity proof (as mentioned in the NTA NEET Information Bulletin)
- 5) Admit Cards of Exam: Issued by NTA.
- 6) Result/Rank letter: Issued by NTA.
- 7) Proof of Date of Birth (Birth Certificate or X Std. Certificate).
- 8) Pass Certificate: Of the qualifying examination.
- 9) Statement of marks: Of the qualifying examination.
- 10) Character and Conduct Certificate from the Head of the Institute last studied.
- 11) For Other Backward Classes: Valid Non-Creamy Layer OBC certificate
- 12) For Scheduled Caste/ Scheduled Tribe, a Community Certificate, recently obtained from the competent authority (as mentioned in the NTA NEET Information Bulletin)
- 13) For Economically Weaker Sections (EWSs) candidates: They should produce the required Income & Asset Certificate as (as mentioned in the NTA NEET Information Bulletin)
- 14) For PwBD candidates: Medical Certificate from the authorised centres as listed in the NTA NEET Information Bulletin.
- 15) Transfer Certificate: Issued from the Head of the Institution last studied.
- 16) Migration Certificate
- 17) ID card Application Form (Annexure 2)
- 18) Aadhar card
- 19) Hostel Admission Form (Annexure 3)
- 20) Anti-ragging Undertaking by the Student (Annexure 4) on Rs. 20/- Stamp paper & notarized
- 21) Anti-ragging Undertaking by the Parents (Annexure 5) on Rs. 20/- Stamp paper & notarized
- 22) COVID-19 Undertaking (Annexure 6) on Rs. 10/- Stamp paper & notarized
- 23) Hostel Undertaking (Annexure 7)
- 24) 6 sets of Passport-size Photographs



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILAPUR, HIMACHAL PRADESH-174001

AFFIX TWO PHOTOS HERE

ACADEMICS SECTION

Ар	plication No: DATED:	
	, E DEAN (ACADEMICS), MS BILAPSUR, HP- 174001	
	SUB: APPLICATION FOR ENROLLMENT IN MBBS AT AIIMS BILASPUR	
De	ar Sir/Madam,	
ME	ave been provisionally allotted MBBS seat at AIIMS Bilaspur. It is requested that I may be enrolle BBS student at AIIMS Bilaspur subject to verification of documents.	d a
1.	Name of the student (in block letters)	
2.	MCC Allotment Letter No:	
3.	NEET Entrance Examination Registration No:	
4.	Category: GEN / OBC / SC / ST / EWS / PwD	
5.	Date of Joining:	
6.	Father's Name:	
7.	Mother's Name:	
8.	Date of Birth: Gender:	
9.	Mobile no: Parent's Mobile no :	

10. E mail______ Parent's Email_____

11	. Aadhar card No:							
12	. Permanent address (with PINCODE) & Tel no:							
DE	CLARATION							
A.	I agree to abide by the rules and regul to time. I, further state that I will ab time by the competent authority. I u regulations will attract Disciplinary pro	oide by all such orders as may be i	issued from time to					
			Yours faithfully,					
	(F	For Official Use)						
1.	Allotted Roll No							
2.	Fees Receipt No	dated						
Sig	nature of MBBS Co-ordinator	Signature of Dean	(Academics)					



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILASPUR (H.P.) अखिल भारतीय आयुर्विज्ञान संस्थान, बिलासपुर (हि. प्र.)

Application Form for ID Card / पहचान पत्र हेतु आवेदन प्रपत्र

	वर्ष क्या विशासक		-	Paste Photo Here
1.	Name of the applicant (In Capital Lette आवेदक का नाम (स्पष्ट अक्षरों में)	rs) : :		(Attested by HOD) यंहा फोटो लगाए
2.	Father's/Husband's Name	:		(विभागाध्यक्ष द्वारा सत्यापित)
	पिता/ पित का नाम			
3.	Course/ अध्ययन	:		
4.	Roll No./ पंजीकरण संख्या	:		
5.	Year of Admission	:		
•	एडमिशन का वषर्	:		
6.	Date of Joining/शामिल होने की तिथ	:		
7.	Blood group/रक्त समूह			
8.	Present Address/वर्त्तमान पता			
		•		
9.	Date of Birth/जन्मितिथ	:		
10.	Contact Number/दूरभाष नंबर	•		
11.	Emergency Contact Number	:		
आप	ातकालीन दूरभाष नंबर	:		
12.	• •			
	Aadhar Number/आधार नंबर	•		
Rea	son for Issue/ जारी करने का कारण	•		
a)	New Admission/ नई एिडमिशन			
b)	L Change in Address/ पते में परिवर्तन			
c)	Uss/ गुम हो गया			
d)	Mutilation/ कट-फट गया			
e)	।f any (Specify)/ यिद कुछ और (विस्तृत)			
l he	reby declare that the particulars furnishe	ed above are tru	ie & correct./ में अतदद्वारा घोषणा करता हूँ	की ऊपर दिए गए सारेविवरण
	अवं सही है। भंभाव से फेटर में फेटर के किस के किस में किस के कि	ion of one ID on	val franco anno ath ar alamantus aut af Al	INAC Dileggy / THIRD Day
Cer	tified that I have not received/in possess : है की मैंने संस्थान केकिसी अन्य विभाग से कोई पहचान	ion of any ID ca 'पत्र पाति नहीं किया	rd from any other department of Ai है/ मेरे पास नहीं है।	IMS Bilaspur./ प्रमाणित किया
VIICI	ि वर्गा में मिलिंग निर्माय साल निर्माण स्वाप्त निर्मा म	וריפו וטו ורות מר	स्त्र गर गरा ।स्त स	
Sigr	nature & Stamp of Forwarding Authority		Signature of Applicant	/ आवेदक के हस्ताक्षर
विभा	गाध्यक्ष / अग्रेषण करने वाले प्राधिकारी के हस्ताक्षर एवं	मुहर	Dated/ दिनांक:	
Not	e/टिपणी:			
-	Passport size photograph and signature to b			
2)	In case of loss or mutilation, duplicate ID ca of loss of ID card.	rd will be issued	atter payment of Rs. 500/ Police com	plaint to be attached in case
3)	It is compulsory to fill column No. 1, 3 & 4 in	Hindi language a	lso.	
		OFFI	<u>CE USE</u>	
1)	Colour of Identity Card/पहचान पत्र का रंग :			
	Roll No./ पंजीकरण संख्या :			
3)	ID Card No / पहचान पत्र नंबर			



Application No:

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILAPUR, HIMACHAL PRADESH-174001

AFFIX TWO PHOTOS HERE

DATED:____

HOSTEL SECTION

To, THE CHIEF PROVOST, HOSTEL SECTION AIIMS BILAPSUR, HP- 174001
SUB: APPLICATION FOR ALLOTMENT OF HOSTEL ACCOMODATION
Dear Sir/Madam,
I have joined as M.B.B.S student at AIIMS Bilaspur. It is requested that I may be allotted hoste
accommodation in the AIIMS Hostel.
My brief particulars are below:-
Name of the student (in block letters)
2. AIIMS Entrance Examination Registration No:
3. Enrollment No.:
4. Date of Joining:
5. Father's Name:
6. Mother's Name:

11. Permanent address & Tel no:

7. Date of Birth: _____ Gender: _____

8. Aadhar card No:

10. E mail Parent's Email

9. Mobile no: _____ Parent's Mobile no : _____

12	. Local Guardian name and address:	
13	. Name of the person to be contacted in emergency:	
	Relationship with that person:	
14	. Guardian's telephone no:	
	. Guardian E mail:	
	The application should be forwarded through proper channel along with	copy of Admission
	Order attached.	
DE	CLARATION	
A.	I agree to abide by the hostel rules and regulations, in force, regarding th	ne allotment of
	Hostel Accommodation and the use of the hostel room. I, further state the	nat I will abide by
	all such orders as may be issued from time to time by the superintenden	t of Hostels and on
	his behalf by an appropriate authority.	
		Yours faithfully,
	(For Official Use)	
1.	Allotted Room No	
2.	Security Deposit Receipt No dated	
3.	Fees Receipt No dated	

FORM I

[See sub-clause (a) of clause (i) and sub-clause (a) of clause (ii) of sub-regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY THE STUDENT

I		(Full Name in	Block Letters)	Son/ Daughter of Mr./M	rs./Ms
	(Ful	Name in Block L	etters)	admitted to the course	of
	(Nar	ne of Course)_	_with Admission No)	
at	(Nar	ne of College	/ Institution)_af	filiated to	
Prohib regula 2.	ition o tions).	f Ragging in Medical	Colleges and Insti		Commission (Prevention and einafter referred to as the said s.
3. unders		ve particularly peruse nat constitutes "ragging	-	of regulations3and 4 of the sa	aid regulations and have fully
	actions ely, or	that may be taken ag being part of a conspira	gainst me in case I	am found guilty of ragging of	derstood the administrative and or abetting ragging, actively or
5.	I her	eby undertake that—			
	(i)	I will not indulge in constituted under reg	•	-	efinition of ragging as may be
	(ii)	I will not participate may be constituted un			led but not limited to those that
	(iii)	I will not hurt anyone	physically or psycl	hologically or cause any other h	arm.
6. said re		eby agree that if found as or as per the applica			ned as per the provisions of the
	ng part	of a conspiracy to pr	omote ragging and	he guilty of ragging or abetting response have never been punished in a false, my admission is liable to	any manner for these offences
Signed	l on thi	theday of	_ month ofye	ear.	Signature
				Name:	
			A	Address:	
				Tel/ Mobile No):
Signat	ure of	Vitness 1:			
(Name	of Wi	ness 1):			
Addre	ss:				
Signat	ure of '	Vitness 2:			
(Name	of Wi	ness 2):			
A	ddress:				

FORM II

[See sub-clause (b) of clause (i) and sub-clause (b) of clause (ii) of sub-regulation (2) of regulation 7]

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ı	(Full N	lame ın	Block Lett	ers)		Father	/ Mother/ Guardian	of
Mr./M	rs./Ms	(Full	Name of S	tudent in Block	Letters)	admitte	ed to the course of	(Name
of	Course	e)	with	Admission				
No			(Name Universii	of ty	College /	Institution)	affiliated	to
	_hereby	declare	e that I have	e received a cop	y of the Natio	nal Medical Co	ommission (Prevention	and Prohibition
of Rag	ging in M	1edical	Colleges a	nd Institutions)	Regulations, 2	2021(hereinafter	r referred to as the said	regulations).
2. I hav	e carefu	lly read	and fully u	ınderstood the p	provisions in the	ne said regulation	ons	
8. unders			ularly peru tutes "ragg		ions of regul	ations3and 4 o	of the said regulations	s and have fully
_	ctions thg, actively	at may y or pas	be taken a	=	daughter/ward conspiracy to p	d in case he /sh	d and understood the acte is found guilty of rags.	
	(ii) v	constituvill not	ted under reparticipate constituted	egulations3 and	4 of the said a propagate ragg	regulations; ging in any form the said regulati		
11. punish				-			any aspect of ragging, aw for the time being in	•
_	ely, or be es and fu	ing par	t of a cons	spiracy to prom	ote ragging a	nd have never	agging or abetting rag been punished in any her admission is liable	manner for these
			Sign	ned on this the_	day of	month of	year.	
								Signature
					Name:			
					Address	:		
						Tel/ M	lobile No.	
Signati	ıre of Wi	tness 1						
(Name	of Witne	ess 1):						
Addres	ss:							
Signati	ıre of Wi	tness 2	:					
(Name	of Witne	ess 2):						
Ad	dress:							

Date:

To,		
The Di	irector s, Bilaspur	
SUB:	DECLARATION/ UNDERTAKING BY STUDENTS REGARD	ING COVID-19
I, Mr./admitte	ed to AIIMS Bilaspur in 2021 Batch do hereby solemnly and	
1.	That I am aware about the seriousness of Corona Virus, COVID-human health and society at large. I am also aware of all types of care of myself and my family from COVID-19 disease and these detail by the administration of the Institute.	precautions and remedies to take
2.	That I shall abide by the SOP drafted by the COVID Managemer for containment of COVID-19 within the Institute Campus. I sha of quarantine in Hostel rooms on reporting to the Institute Management Committee of AIIMS Bilaspur. I have read the Gu will abide by the same.	all also consent to undergo 7 days as mandated by the COVID
3.	That I shall maintain & keep minimum social distance as advised my stay in the Institute including at Classrooms, Hostels, Mess et mask at all the time within and outside of the Institute campus.	-
4.	That I shall keep myself in good health, and keep minimum Government of India from my other fellow Students while comit to hostel and mess and shall abide by all rules and advisories relation to protection from COVID-19 disease.	ng to Academic block and going
5.	That I shall inform the appropriate authority immediately if an temperature, cough and cold if noticed or felt by me at any time class fellow is exhibiting any symptoms such as fever, cough and	or if am aware that anyone of my
6.	That I have downloaded Arogya Setu app on my mobile phone Bluetooth in On position at all the time.	and shall keep my mobile phone
7.	That in case I am found to be in default or contravention of measures etc. as enumerated above and as explained to me by the Administration has the right to take appropriate action against me	ne competent authorities, Institute
Signat	ure & Name of Parents/Guardian	Signature & Name of Student

Date:

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BILASPUR (HP) HOSTEL SECTION

Undertaking by the Resident/Student

l, _	son/daughter of Dr/Sh/Smt./Ms
	reby give the undertaking that I shall,
	Abide by the rules and regulations of the hostels during my stay.
-	Conduct myself in a manner in keeping with the rich tradition of this institute.
3)	I will keep the hostel room physically occupied. If found unoccupied/ subletted the allotment will be cancelled.
4)	I will not sub-let or have proxy or dummy room-mate in the hostels. Otherwise action as deemed fit may be initiated against me.
5)	I am aware that a student who is rusticated or has completed the study-term is not permitted to stay in hostel.
6)	I am aware that, an abscence from the Hostel beyond one week without permission, will lead to cancellation of allotment.
7)	I am aware that if a student is found occupying the hostel room but staying elsewhere, the room allotment will be forfeited and a suitable penalty will be levied on the student.
his spo res	ther disciplinary action by the Academic Section will be initiated. It is further explained that even /her parents, brother, sister, relatives & friends will not be allowed in room and none other than ouse and children in married accommodation. In case of emergency/requirement of the idents/students will have to take written permission from the Chief Provost of the Hostel Section. e of air-conditioners and other heavy duty electrical appliances are strictly prohibited in the stels.
	nderstand that in the event of breaking any rules, I may be liable for punishment including eviction m the hostel.
Na	me & Signature of the occupant with date:
De	signation of the occupant:
De	partment:
Mo	bile No.:
E-r	nail ID:
Fo	Under-Graduate Students
Na	me & Signature of the Parents/Guardian:
Ph	one No./Mobile No. of Parents/Guardian: