



अखिल भारतीय आयुर्विज्ञान संस्थान , बिलासपुर
हिमाचल प्रदेश -१७४००१

All India Institute of Medical Sciences, Bilaspur
Himachal Pradesh-174001

<https://aiimsbilaspur.edu.in>

Examination Section



EXAMINATION FORM (For Undergraduate)

Enrolment No :
Regular/Supplementary :
Course :
Month/Year:
Examination :

Please use **Capital letters** to furnish following information using **Ball Point blue/black pen only**.
(Sign at end of every page with date):

1.	NAME In English (Strictly As per Class XII Or GAZETTE Notification)	
2.	NAME In DEVNAGIRI SCRIPT (Hindi) (Strictly As Per Class XII Or GAZETTE Notification)	
3.	MOTHER'S NAME	
4.	FATHER'S NAME	
5.	Permanent Address of Student	
6.	Contact Number	
7.	Email Address	
8.	Sex	
9.	Date of Birth (As Per Class-X Certificate)	In DDMMYYYY format:
10.	Nationality	
11.	Physically Challenged If yes, whether requires ☐ Writing assistance ☐ Extra Time (30 Minute) to attempt paper	Yes* No Yes No Yes No
12.	Appearing As (Encircle Appropriate)	First Repeat Attempt** Mention number of repeat attempt (if applicable)

*Attach medical certificate form concerned faculty of Medical Board of AIIMS Bilaspur.

**Will be called first attempt if appearing first time in supplementary examination without any attempt during regular examination.

I will be appearing for the following subjects and I had submitted requisite fees:

Online Fee Paid with UTR Details: (Attached Proof)

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Declaration:

1. I hereby declare that I have not availed of any attempt (including the present one) in excess of the maximum attempts permissible, by AIIMS Bilaspur, HP for the said examination.
2. I hereby declare that I have gone through the syllabus prescribed.
3. I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
4. I hereby declare that I shall not claim any concession on religious ground.
5. I am not defying the criteria of the admission order.
6. I am not admitted to the course after the cut-off date declared by the Institute for grant of terms.

Left Hand Thumb Impression	Signature of the Candidate

Place:

Date:

Below this point: For Office Use only

Examination Form No:

Candidate Enrolment No:

ATTESTATION BY DEAN (Examination)

I Certify that Shri/Smt/Kumari.....is a Bonafide student of this college and has satisfactorily attended the classes and

1. His/her attendance is not less than as prescribed by the Institute in lecture teaching and practical work.
2. He/she was allowed / not allowed to appear for previous examination.
3. The candidate has completed those academic terms and appeared in mandatory number of internal assessment tests as per the Institute rules (wherever applicable).
4. He/She is not admitted to the course after the cut-off date for grant of terms.

That the information furnished by the said candidate is verified from his/her documents and that the Candidate is (Eligible / Not Eligible: Mention appropriate) to appear for Institute Examination.

ACOE
Examination Section

Dean (Examination)
AIIMS Bilaspur (H.P)