



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारत सरकार/ Government of India

REGISTRAR OFFICE, ACADEMIC SECTION

ELIGIBILITY CRITERIA FOR MBBS ADMISSION IN AIIMS DEOGHAR

1. CATEGORY-

A. CRITERIA FOR OTHER BACKWARD CLASSES (NON-CREAMY LAYER) [OBC]

Reservation for OBC (Non-Creamy Layer) shall be according to the rules of the Government of India. Applicants are required to ensure that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09/03/2004 or the latest notification of the Government of India (i.e., Central list). A format is provided at the end of the Prospectus. The OBC certificates issued from 1st April, 2020 (inclusive) and start of reporting of Round-1 of MBBS counselling schedule to be notified by (Medical Counselling Committee for MBBS admission) will be considered valid. *

B. CRITERIA FOR SCHEDULED CASTE / SCHEDULED TRIBE (SC /ST)

Reservation for SC/ST candidates will be according to the rules of Government of India. Applicants will be required to produce the necessary certificate in the format provided. During counseling the certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per-& A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

C. CRITERIA FOR PERSONS WITH BENCHMARK DISABILITY (PWBD)

In accordance with the provisions of the Rights of Persons with Disabilities Act, 2016, 5% seats of the annual sanctioned intake capacity shall be filled up by candidates with benchmark disabilities, based on the merit list of Entrance Examination 2021. For this purpose, the Specified Disability contained in the Schedule to the Rights of Persons with Disabilities Act, 2016. The candidate must possess a valid document certifying his/her physical disability. The disability certificates should be certified by a duly constituted and authorized Medical Board of the State or Central Govt. Hospitals/Institutions. All PWBD candidates shall be evaluated by a Medical Board of the Institute to determine eligibility.

D. CRITERIA FOR ECONOMICALLY WEAKER SECTION (EWS)

Reservation for EWS shall be according to the rules of the Government of India. Applicants will be required to produce the necessary certificate in the format provided at the end of the prospectus in support of his/her claim. The EWS certificates issued from 1st April, 2020 (inclusive) and start of reporting of Round-1 of MBBS counselling schedule to be notified by (Medical Counselling Committee for MBBS admission) will be considered valid. *

As per minutes of meeting held by MCC, DGHS on 23.09.2021

2. AGE-

- Should have attained or will attain the age of 17 (seventeen) years as on the 31st of December of the year of admission (2021). *Candidates born on or after 1st January, 2004 are NOT eligible to apply.*

3. ESSENTIAL ACADEMIC QUALIFICATION-

- Candidate Should have passed the 12th Class under the 10+2 Scheme/ Senior School Certificate Examination (CBSE) or Intermediate Science (I.Sc.) or an equivalent Examination of a recognized University/ Board of any Indian State with ENGLISH, PHYSICS, CHEMISTRY and BIOLOGY as



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subject. The candidates who have passed 10+2 level with Biology as an additional subject will also be eligible for MBBS Entrance Examination (as per Hon'ble High Court Order No.2341/-W/DHC/WRITS/D-1/2019 dated 24/09/2019 in the Writ Petition (C) No. 6773/2019)

- Candidates who have appeared or are appearing at the qualifying Examination with English, Physics, Chemistry and Biology as main subject and expect to pass the Examination with required percentage of marks are also eligible to apply and appear in the Competitive Entrance Examination. However, their candidature will be considered only if they provide documentary evidence of having passed the qualifying Examination with the required subjects and percentage of marks.
- If the institute has to consider an examination of an Indian university or of a foreign/university to be equivalent to the 12th class under 10+2 scheme/intermediate science examination, the candidates shall have to produce a certificate from the concerned Indian university/Association of Indian Universities to the effect that the examination passed by him/her is considered to be equivalent to the 12th class under 10+2 scheme/intermediate science examination.

Note: The Essential Academic Qualifications for AIIMS are different from those prescribed by MCC for other Medical Colleges (Note: Page 17 of NEET (UG) 2021 Information Bulletin and minutes of meeting of MCC held on 23.09.2021)

4. MINIMUM MARKS-

- The **minimum aggregate** of the marks in ENGLISH, PHYSICS, CHEMISTRY and BIOLOGY obtained in the qualifying examination required for appearing in this examination are:
- **General and OBC candidates: 60% SC/ST candidates: 50% & PWBD candidates: 45%**
- Those with CGPA grades only will have to apply the conversion factor in the application form. The conversion factor should be as approved by their respective examination board.

Note: The Minimal Marks in essential qualification for AIIMS are different from those prescribed by MCC for other Medical Colleges (Note: Page 17 of NEET (UG) 2021 Information Bulletin and minutes of meeting of MCC held on 23.09.2021)

• BREAK UP OF ADMISSION TUITION FEES Rs 5856-

Sl. 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	1628.00	TOTAL	4228.00
	TOTAL			5856.00

• OTHER FEES DEPOSITED AT THE TIME OF ADMISSION-

1. **MESS FEES= Rs 10,500/- (Rs 7000 SECURITY DEPOSIT REFUNDABLE + 3500/- FOOD CHARGES)**
2. **HOSTEL CAUTION FEES= Rs 1000/- REFUNDABLE**

**Registrar
AIIMS Deoghar**



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REGISTRAR OFFICE, ACADEMIC SECTION

STUDENT WELFARE DIVISION		
1	Name of the Course	M.B.B.S.
2	Name of the Student in English (in Capital letter)	
3	Name of the Student in Hindi	
4	Father's Name, Occupation & Contact No.-	
5	Date of Birth DD/MM/YYYY	
6	Full Permanent Address	
7	Correspondence Address	
8	Nationality	
9	Religion	
10	State of Domicile	
11	SC/ST/OBC/General	
12	Telephone No., Mobile No. Including STD Code, Mobile No.	
13	Hobbies/extra -curricular activities	
14	E-mail id of the Candidate *	

* Preferred communication mode for future correspondence.

SIGNATURE OF THE CANDIDATE

* This form has to duly filled and submitted to Asso. Dean/ Asst. Dean Student Welfare along with 1 Passport Size Photograph.



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REGISTRAR OFFICE, ACADEMIC SECTION

FORMAT TO BE FILLED IN FOR BONAFIDE CERTIFICATE APPLICATION

NAME OF THE STUDENT IN ENGLISH (IN CAPITAL LETTERS)	
NAME OF THE STUDENT IN HINDI	
Father's Name (Occupation)	
Mother's Name (Occupation)	
Full permanent / Mailing Address	
Registration No. issued by MCC	
Allotment Letter issued by MCC	
Admit Card of Exam issued by NTA	
Result/rank Letter issued by NTA	
Date of Birth Certificate (if Matric certificate does to bear the same)	
Nationality, Religion, State of domicile	
Category (Gen/OBC/SC/ST/EWS)	
Whether PWBD (Yes/No)	
Signature of Candidate	
Current E- Mail ID	
Mobile Number	
Domicile certificate	

Registrar
AIIMS Deoghar



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REGISTRAR OFFICE, ACADEMIC SECTION

FORM FOR STUDENT IDENTITY CARD

1.	Name	
2.	Course	
3.	Academic Section	
4.	Roll No. and Batch	
5.	Date of Joining	
6.	Contact No.	
7.	Emergency Contact No.	
8.	Email Id	
9.	Date of Birth	
10.	Blood Group	
11.	Mark of Identification	
12.	Father's Name /Guardian's Name	
13.	Permanent Address	
14.	Local Address	
15.	Date:	Signature of Applicant:
16.	Verification by Establishment concerned	Above content verified/not verified

For Office Use Only

17.	Id Card No.	
18.	Date of Issue	
19.	Valid up to	
20.	Student Id	
SIGNATURE OF ADMINISTRATIVE OFFICER		

***This form has to duly filled and submitted to Office of Administrative Officer along with 2 Passport Size Photograph.**



UNDERTAKING

I.....

Son /daughter of Shri.....

have passed MBBS Entrance Examination NEET UG,2021 held on _____, 2021.

My Rank in the Entrance Examination was

I certify that all my **Originals Certificates** (i.e., 10th Passed/Age proof, 12th Passed Marks Sheet and Scheduled Caste/Scheduled Tribe (SC/ST)/Other Backward Class (OBC) are authentic. If any found false, then my candidature may be treated withdrawn/ cancelled at any time during the course.

Name.....

Signature of the Candidate.....

Signature of the Parent/ Guardian.....

Address.....

.....

.....



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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-B

UNDERTAKING*

I..... S/o

D/o.....

Roll. No. _____

(Rank No.) _____ Category _____ hereby undertake that I will submit the Medical Certificate in prescribed Performa of AIIMS Deoghar within 10 days of reporting in Allotment center i.e. Today. (By Post /Hand)

Otherwise, my admission may be cancelled and seat may be declared vacant.

*Applicable on in COVID Positive Candidates

Signature of candidate:

Signature of Parent:

Signature of witness



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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-C

DECLARATION

This is to certify that I have received a copy of the rules pertaining of all Professional MBBS Examinations, Supplementary Examinations, reassessment & Teaching Schedule for MBBS Students along with the Institutional Goals.

I submit to the disciplinary jurisdiction of the Executive Director and several authorities of the AIIMS Deoghar who may be vested with the authority to exercise discipline under the Acts, the Statutes, states the Rules and the rules that have been framed there under by competent authorities of AIIMS.

I further declare that I will abide by these rules & regulations.

Signature of the student:

Full Name of the student.....

Permanent Address.....

.....

.....

Ph. No. /Mobile No.:

Date:

Signature of Parent/ Guardian:

Full Name of Parents/Aadhar card No./ Pan No/Guardian.....



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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-D

DECLARATION BY THE CANDIDATE

(Not to fill by General category candidate)

I.....

Son /daughter of

Village/Town/City.....

District

State

hereby declare that I belong to the
community which is recognized as a backward class by the Government of India for purpose
of Reservation in Service as per orders contained in Department of Personnel and Training
office Memorandum No. 36012/22/93. Estt. (SCT) dated 8.9.1993.

It is also declared that I do not belong to persons/Section (Creamy Layer) mentioned in
Column 3 of the Scheduled to the above referred Office Memorandum dated 8.9.1993.

Signature of the Candidate.....

Name.....

Address.....

.....

.....



Annexure-E

DECLARATION TO BE SUBMITTED BY THE STUDENTS

NAME OF THE STUDENT:

ROLL NO & BATCH:

1. I am not residing in any containment zone
2. I am not suffering from any fever/cough/any respiratory distress
3. I am not under quarantine (OR) I am under quarantine, but having a negative RT-PCR test report within 96 hours prior to undertaking the journey
4. If I develop any of the above-mentioned symptoms, I shall inform/ contact the concerned health authorities immediately
5. I am not COVID- 19 Positive or I was diagnosed with COVID- 19 and after having treatment recovered
6. I understand that, if I join the Institute without meeting the eligibility criteria, I will be liable to penal action
7. I undertake to adhere to the Institute protocol prescribed by the destination State/Institute
8. I, my Parents/ Legal Guardians accompanying me during reporting after MCC Counselling at AIIMS Deoghar had undertaken the TRUNAT Test at AIIMS Deoghar and all are COVID Negative. (Attach COVID Negative report)

Signature of candidate:

Signature of Parent:



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REGISTRAR OFFICE, ACADEMIC SECTION

AUTHORIZATION LETTER FOR REPORTING FOR MBBS
ADMISSION AT AIIMS DEOGHAR

I _____ S/O D/O _____

Resident of _____

Roll No. _____ Rank _____ Category _____

_____ MBBS _____ Session hereby declare that I as on _____ is COVID Positive.

• I have also enclosed the COVID Positive report generated Online and Email request sent to Registrar AIIMS Deoghar at registrar@aiimsdeoghar.edu.in for consideration.

• I am hereby authorizing Mr./Mrs. _____
Aadhar Card No. _____ who is my Parent/ Legal Guardian/ Sibling/ 1st Degree Relative and is related to me as _____.

• He/ She is hereby authorized on my behalf to report for MBBS Admission on my behalf at AIIMS Deoghar along with their Aadhar Card.

• I also declare that I have self-attested one set of originals and all the documents as per the Checklist of MBBS 2021 Batch.

• I hereby also undertake that all documents are originals and any discrepancies during admission process/ any time during the MBBS course or at a later stage my candidate will be cancelled.

• I declare that I will/ had also sent all the Affidavits, Drafts and other Undertakings and Declarations according to Checklist duly signed by E-mail to Registrar AIIMS Deoghar at registrar@aiimsdeoghar.edu.in

• I also declare that I have not suppressed any fact and I submit to the disciplinary jurisdiction of the Executive Director and several authorities of the AIIMS Deoghar who may be vested with the authority to exercise discipline under the Acts, the Statutes, states the Rules and the rules that have been framed there under by competent authorities of AIIMS.

Signature of the Student
Name of the Student

Signature of the Reporting Person
Name of the Reporting Person:
Relation with Candidate:

Signature of Witness

Name of Witness:

Relation with Candidate:

Dated:



BONAFIDE CERTIFICATE

This is to certify that Mr. / Miss
Son/Daughter of Aadhar ID No
has been provisionally admitted to this institute for MBBS course for the academic year 2021-22

His/ her following certified Xerox copies have been retained at this institute.

1. 10th class passing certificate
2. 12th Class passing certificate
3. Mark sheet of qualifying certificate i.e., 12th Mark sheet showing more than 60% marks.
4. Migration certificate from the university / Board last attended.
5. SC/ST certificate issued by the competent authority.
6. OBC certificate issued by the competent authority for central Govt. job/for admission in central Govt. College/ Institute.
7. Disability Certificate issued from a duly constituted and authorized Medical Board.
8. EWS Certificate issued by the competent authority.

Registrar
AIIMS Deoghar



UNDERTAKING FOR THE CHANGE OF INSTITUTE

I.....S/o/ D/o.....

have taken admission for MBBS course at AIIMS Deoghar 2021 batch, and I am interested for the 2nd counselling at MCC NEET. Please do the needful.

Date.....

Signature of Student

Signature of Parent

CERTIFICATE OF STATEMENT

The above candidate had been given admission at our Institute AIIMS, Deoghar 2021 batch, allotted through 1st round of counselling held by MCC NEET. The original certificate and Course Fee are deposited with us. He/ She is allowed to participate for the 2nd round of counselling from _____ at MCC NEET.

Registrar
AIIMS, Deoghar



UNDERTAKING FOR THE CHANGE OF INSTITUTE

I.....S/o/ D/o.....

have taken admission for MBBS course at AIIMS Deoghar 2021 batch, and I am interested for the Mop-up round of counselling at MCC NEET. Please do the needful.

Date.....

Signature of Student

Signature of Parent

CERTIFICATE OF STATEMENT

The above candidate had been given admission at our Institute AIIMS, Deoghar 2021batch, allotted through 2nd round of counselling held by MCC NEET. The original certificate and Course Fee are deposited with us. He/ She is allowed to participate for the Mop-up round of counselling from _____ at MCC NEET.

Registrar
AIIMS, Deoghar



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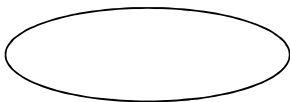
REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-H

UNDERTAKING

Affix Coloured
Photograph with
White Background
with Name and
Date written below
the photograph

- A. I..... Son/Daughter of
Have qualified & secured (Rank)..... Roll No. _____ Category
_____ in NEET Entrance held on 2021.
- B. I undertaking that I have personally appeared in the above said examination.
- C. I also undertake that all my **Originals Certificates** (i.e., 10th Passed/Age proof, 12th Passed Marks Sheet and Scheduled Caste/Scheduled Tribe (SC/ST)/Other Backward Class (OBC)/ EWS and PWBD Certificate photograph, Left Thumb impression and Signature are genuine.
- D. If any Certificate/ declaration or any issue of my personal appearance in the examination/ identification is found to be false, then my candidature may be treated as cancelled at any time during the course.



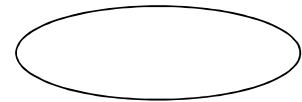
Candidate's Signature

Name:

Address:

.....

Email ID & Mobile Number:



Left Thumb Impression

*Declaration/ Undertaking not signed by Candidate will be rejected.



UNDERTAKING FOR DOCUMENT DEPOSITION

I..... S/o/ D/o.....

with entrance examination Roll Number Rank
Category for MBBS course at AIIMS Deoghar 2021 batch, will submit
following documents within 07 days/Second /Mop-up round of counselling date, which so
ever is earlier, failing to which my admission will be cancelled.

1.
2.
- 3.....
4.
5.

Signature of Parent/Guardian

Signature of Student

Dated: _____

Dated: _____



UNDERTAKING OF CODE OF CONDUCT AT AIIMS DEOGHAR

I/ we hereby after understanding give an undertaking to maintain “**Code of conduct**” for students at AIIMS Deoghar and fully understand that-

- All powers relating to discipline and disciplinary action are vested in the Executive Director, AIIMS Deoghar
- The Executive Director, AIIMS Deoghar may delegate all such powers, to the Dean/other person, He/ She deems proper.

I/we understand that ACTS OF INDISCIPLINE can be any of the following-

1. Fake Identity: On Police verification of credential of new admission as per the address given History of criminal offence/ penalized/ convicted in the past.
2. Fake Certificates /Forgery in Certificate/ False information submitted: On verification/Scrutiny of educational qualification documents.
3. Adverse Entry in Character Certificate from Pervious Institution
4. Not observing dress code during working hours.
5. Keeping 4 wheeled vehicles in the campus.
6. Absent from hostel/ Classes without any reason/Permission.
7. Involved in any kind of promotion of company products/business/selling articles/Lottery etc. among the campus inhabitants and hostel inmates.
8. Permitting any stranger/ friend/ relation/unauthorized person to live in their room in the hostel without permission.
9. Creating repeated nuisance in classroom despite verbal or written warning.
10. Possession of liquor/drugs- addictive or hallucinogenic drugs/banded substances or their consumption in the campus.
11. Using abusive/ vulgar language/disturbing others/nuisance to other.
12. Any act of theft/stealing institutional belongings.
13. Any act of intentionally damaging hostel, hospital & institute property.
14. Any act of physical assault on colleagues/subordinates/staff and faculty.
15. Instigating students/staff to commit deviance against the rules and regulations of the institute or participating in any political/group & union activities.
16. Mass bunking of classes and instigating others for mass bunking.
17. Violation of institute rules.
18. Involved in Act of Gambling/Betting or such similar act.
19. The possession or use of nay firearms or lethal weapons.

Signature of Candidate

Signature of Parent/Guardian



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20. Smoking cigarette, cigarettes, chewing tobacco, pan masala and any other noxious substance.
21. Use of Music system/mobile or any other accessories in high volumes disturbing others in hostel/institute/hospital premises.
22. Possession/ involved in circulation of pornographic material.
23. Entry of female in the boy's hostel/and male in the girl's hostel without permission of competent authority.
24. Any act of indiscipline/commission leading to non- boilable warrant.
25. Any act or Ragging.
26. Any act leading to criminal intimidation or offence/tendency for violent behaviour of provocation causing injury liable for lodging FIR.
27. Sexual offence/sexual harassment.
28. Offences related to IT act.
29. Violation of the status, dignity and honour of other caste.
30. Any attempt of bribing or corruption in any manner.
31. Creating ill- will or intolerance on religious or communal grounds.
32. Using unfair means in examination
33. Pasting any notices/paper within the Institution without the prior permission.
34. Communicate with any outside authority directly – print/ electronic media without permission.

I/we Understand and hereby give an undertaking that to maintain discipline and academic environment in the institute, if I/my ward is involved in any such act of indiscipline, appropriate disciplinary action (Penalty) can be taken against me/ my ward.

Penalty as applicable upon the seriousness and gravity of offence (s):

1. Warning Letter
2. Suspension from classes for a certain period
3. Fine as appropriate for the proven act of indiscipline
4. Expulsion from hostel
5. Permanent expulsion from hostel
6. Expulsion from the institution
7. FIR/Police action

Signature of Candidate

Name:

Witness:

Name:

Address:

Signature of Parent/Guardian

Name:

Address:



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REGISTRAR OFFICE, ACADEMIC SECTION

ANNEXURE-I

ANTI-RAGGING AFFIDAVIT BY THE STUDENT
(ON Rs.10/-STAMP PAPER)

I

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

Resident of

Do Hereby solemnly affirm declare as under:

1. That I am a student of MBBS at All India Institute of Medical Sciences (AIIMS), Deoghar, Jharkhand.
2. That I Have received and gone through and understood the AIIMS's Regulation/Directive for Banning Ragging and Anti-Ragging Measures in accordance with the AIIMS vide its letter No.F.8-1/2012.Acad-II dated 24th May,2012, on curbing the menace of Ragging, to be followed by all the student of the 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 not hurt anyone physically or psychologically or cause any other harm.
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 provision 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 whatsoever from the AIIMS or its office bearers.

Deponent
Signature of the Student

VERIFICATION: Verified at.....
on thisDay of2022, that the above affidavit
is true and correct.

Name:

Address & Contact No:

Deponent

Signature of the Student



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
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REGISTRAR OFFICE, ACADEMIC SECTION

ANNEXURE-II

ANTI-RAGGING AFFIDAVIT BY THE PARENT

(ON Rs. 10/-STAMP PAPER)

I,

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

Resident of _____

Do hereby solemnly affirm and declare as under:

1. That my son/daughter Mr./Mr. _____
2. Student of MBBS at All India Institute of Medical Sciences (AIIMS), Deoghar, Jharkhand.
3. That I have gone through and fully understood the AIIMS Regulation /Directive for Banning Ragging and Ant-Ragging Measures in accordance with the AIIMS order vide its letter No.F.8-1/2012.Acad-II dated 24th -May 2012, on curbing the menace of Ragging, to be followed by all the students of AIIMS.
4. 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.
5. 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 Accord to supreme court guidelines 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), damage (s) and shall not claim any compensation from the AIIMS or its office bearers.

Deponent

Signature of Parent/Guardian

VERIFICATION: Verified at _____ on this _____ day of _____ 2022, that the above affidavit is true and correct.

Name:

Address & Contact No:

Deponent

Signature of Parent/Guardian



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REGISTRAR OFFICE, ACADEMIC SECTION

ANNEXURE-III

GAP CERTIFICATE AFFIDAVIT BY THE PARENT

(ON Rs. 10/-STAMP PAPER)

I
Age.....years, Indian inhabitant, residing at
do hereby state and declare on solemn affirmation as under:

1. I say that I have passed Exam from.....
(name of College/University) in(month).....(year) and since then I did not enroll my name in any college/Institute/University and /or elsewhere as a regular student during my gap due to(state reason)
2. I say that now I wish to continue my further studies. I understand that my candidature is liable for cancellation in case the above information is found to be incorrect.
3. I say that I am executing this affidavit to product the same before the concerned University/College authority to prove my gap period in Education and enable them to condone the gap period and give me admission in their University so that I continue my further studies.
4. I was not indulged in any criminal activity during this period.
5. Not any criminal case is charged or pending against me in any court of justice.
6. What is stated above is true and correct to the best of my knowledge and belief.
7. I is/will be present at time of admission process in AIIMS Deoghar (PTI Daburgram Jasidih Deoghar)

Solemnly Affirmed at Deoghar.

Signature of the applicant

Thisth day of (month)(year)

Deponent.

Explained & identified by me.

Before Me.

Signature of Notary



REGISTRAR OFFICE, ACADEMIC SECTION

ANNEXURE-IV

GAP CERTIFICATE AFFIDAVIT BY THE PARENT

(ON Rs. 10/-STAMP PAPER)

I
Parent/Guardian of (name of candidate) who is an Indian inhabitant, regarding
atdo hereby state and declare on solemn affirmation as under:

1. I say that my son/daughter has passed Exam
from..... (name of College/University) in
.....(month).....(year) and since then I did not enroll my name in any
college/Institute/University and /or elsewhere as a regular student during my gap due to
.....(state reason)
2. I say that now he/ She wishes to continue further studies. I understand that my candidature is
liable for cancellation in case the above information is found to be incorrect.
3. I say that I am executing this affidavit to product the same before the concerned
University/College authority to prove my gap period in Education and enable them to condone
the gap period and give her/him admission in their University so that I continue further studies.
4. He/ She was not indulged in any criminal activity during this period.
5. Not any criminal case is charged or pending against him/ her in any court of justice.
6. What is stated above is true and correct to the best of my knowledge and belief.
7. He/ She is/will be present at time of admission process in AIIMS Deoghar (PTI Daburgram
Jasidih Deoghar)

Solemnly Affirmed at Deoghar.

Signature of Parent

Thisth day of (month)(year)

Deponent.

Explained & identified by me.

Before Me.

Signature of Notary



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REGISTRAR OFFICE, ACADEMIC SECTION

MEDICAL EXAMINATION REPORT

Photo box

**Front facing,
Holding name &
date of Birth
against white
Background**

NAME OF THE CANDIDATE:

NAME OF THE COURSE:

ENTRANCE EXAMINATION ROLL NO.:

RANK:

CATEGORY:

ADDRESS (PERMANENT):

.....

SESSION:

Candidate's Signature



REGISTRAR OFFICE, ACADEMIC SECTION

Name of the Candidate:

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the Statements required below prior to his Medical Examination and must sign the Declaration appended there to his attention is specially directed to the warning contained in the note below:

1. State your Name in Full (In Block Letter):
2. Father's Name:
3. State your DOB and Birth place:
4. Are you? Single/Married/Widow/Widower:
5. Name any major disease you have suffered from:
6. Are you being treated for any disease at present.....?
7. Have any of your near relations been afflicted with insanity, tuberculosis, diabetes mellitus, allergic disorders, gout, asthma, fits, excessive bleeding:
8. Are you allergic to any substance /drug:
9. 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_____
10. Any other disease or accident requiring confinement to bed and medical or surgical treatment?
11. Have you suffered from a degree of deafness:
12. Have you suffered from any form of nervousness due to over work or any other cause?
13. Furnish the following particulars concerning your family. (Disease trend in family and premature death if any _____)
14. Have you been immunized against the mentioned diseases (strike off whichever is not applicable)?
 - a) History of Vaccination: _____



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-
- b) Hepatitis B: Yes/No
c) Polio: Yes/No
d) Diphtheria: Yes/ No
e) Tetanus: Yes/ No
f) Tuberculosis: Yes/ No
g) Any Other Vaccination:

All the above answers are to the best of my belief, true and correct.

Candidate's Signature

Note: The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information it will incur the risk of losing admission.

Signed in the presence of Chairman of the Board



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REGISTRAR OFFICE, ACADEMIC SECTION

Name of the Candidate:

DEPARTMENT OF GENERAL MEDICINE:

Physical Examination (Tick wherever appropriate)

General Appearance	Good		Fair		Poor	
Height (without shoes) (in cm)						
Weight (without shoes) (in kg) Pounds						
Pulse (rate/minute)						
Blood Pressure (mmHg) Systolic /Diastolic						
Oral Hygiene	Good		Fair		Poor	
Cyanosis	Present				Absent	
Pallor	Present				Absent	
Icterus	Present				Absent	
Pedal Edema	Present				Absent	
Clubbing	Present				Absent	

General Examination:

- Chest circumference:
After full inspiration _____ cm Expiration _____ cm
- Respiratory system _____
- Circulatory system _____
- Heart any organic lesions: _____
- ECG (Please attach) date _____
- Please mention please _____
- Nervous system _____
- Loco Motor system (Any obvious abnormality): _____
- Skin (any obvious disease) _____

Remarks (if any) _____

Signature, Name and Stamp of Faculty General Medicine



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REGISTRAR OFFICE, ACADEMIC SECTION

Name of the Candidate:

DEPARTMENT OF OPHTHALMOLOGY

Vision	Distant vision		Near Vision		Color vision	
	Without glasses	With glasses	Without glasses	With glasses	Normal	Abnormal
Left Eye						
Right Eye						

(a) Any disease: Yes/No

(b) Detect in colour vision: Normal /Abnormal (mention) _____

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

(d) Visual Acuity _____

Remarks (if any) _____

Signature, Name and Stamp of Faculty Ophthalmology

DEPARTMENT OF ENT

Ears Inspection _____

Hearing _____ Right Ear _____ Left Ear: _____

Glands: Thyroid _____

Remarks _____

Angle- Squint axis Hearing

	Normal	Abnormal
Left Ear		
Right Ear		

Remarks (if any) _____

Signature, Name and Stamp of Faculty ENT



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REGISTRAR OFFICE, ACADEMIC SECTION

Name of the Candidate:

DEPARTMENT OF GENERAL SURGERY

(a) Abdomen

- Tenderness _____
- Hernia _____
- Palpable Liver _____
- Spleen _____
- Kidneys _____

Any other _____

(b) Genito Urinary system

- Hydrocele _____
- Varicocele _____
- Fistula _____
- Hemorrhoids _____
- Varicose vein _____

(c) Lymphadenopathy (palpable)

Remarks _____

Signature, Name and Stamp of Faculty of General Surgery



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Name of the Candidate:

DEPARTMENT OF OBSTRETRICS AND GYNAECOLOGY

Gynecology History and Examination (for Female candidates):

- Status- Single/married/widow
- Age at menarche:
- LMP:
- History of Polycystic ovarian syndrome (PCOS): Yes/ No
- Last visit to gynecologist 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 gynecologic surgery / intake of chemotherapy: Yes/ No
- Any obvious gynecological abnormality Yes/ No
- Associated dysmenorrhea:
- Examination:
 - (1) Lymphadenopathy/ Scars/ other deformities:
 - (2) Breasts and axilla for any evidence of Mass/abnormal discharge:
 - (3) Abdomen examination
- Menstrual cycle:
Length: _____ Duration of flow: _____ Regularity: _____

Signature, Name and Stamp of Faculty of Obstetrics and Gynecology



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REGISTRAR OFFICE, ACADEMIC SECTION

Name of the Candidate:

DEPARTMENT OF BIOCHEMISTRY/ PATHOLOGY/ MICROBIOLOGY

Investigation (Attach All Reports and TRUENAT Report)-

1. Ref. No. for Urine sample (Urine analysis report):
2. Ref. No. for Blood sample:
3. Ref. No. for Chest X-ray with details:

Hematology:

- Blood. Sugar:
- Blood group and Rh factor- (if known)

Remarks (plane mention if any major abnormalities)

Signature, Name and Stamp of-

Biochemistry

Pathology/ Lab Medicine

Microbiology

Two Identification mark

1.
2.



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REGISTRAR OFFICE, ACADEMIC SECTION

Name of the Candidate:

FINAL ASSESSMENT OF THE STANDING MEDICAL BOARD

(The Board should record their findings under one of the following three categories)

1. **Fit: Fit/ Unfit**
2. **Unfit on the following reasons**
.....
3. **Temporarily Unfit on account of.....**
.....
.....

Special medical board opinion (if required) _____

Signature, Name and Stamp of-

- **Member Secretary Standing Medical Board (Deputy Medical Supt.)** _____
- **Chairman Standing Medical Board (Medical Superintendent)** _____



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ORIGINAL DOCUMENT SUBMISSION RECEIPT

The candidate..... S/o/D/o
with NEET Entrance examination Roll no. for provisional admission to
MBBS course at AIIMS Deoghar, 2021 batch, on..... Following Original
Documents of the Candidate are submitted in the Registrar Office, Academic section of AIIMS
Deoghar.

1. 10th Mark sheet
2. 10th Passing Certificate
3. 12th Mark sheet
4. 12th Passing Certificate
5. Caste/Tribe/OBC/PwBD/EWS Certificate (for reserved category)
6. Migration Certificate issued by Board
7. Transfer Certificate issued by School
8. Character Certificate
9. Notarized Gap Certificate Affidavit by Parent
10. Notarized Gap Certificate Affidavit by Student
11. Notarized Anti-Ragging Affidavit by Parent
12. Notarized Anti-Ragging Affidavit by Student
13. Demand Draft/ NEFT of Rs 5856/- (One Time Admission Fees)
14. Demand Draft/ NEFT of Rs 10,500/- (Mess Fees)
15. Demand Draft/ NEFT of Rs 1,000/- (One Time Refundable Security Deposit)
16. Relieving Letter from earlier institutions where allotted and reported.
17. Other Certificates (if any)

Note: Student has to collect the above original documents after completion of their course.

Date:

Registrar
AIIMS, Deoghar

Signature of Student

Signature of Parent



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REGISTRAR OFFICE, ACADEMIC SECTION

No:

Date:

Candidate Copy

Affix Coloured
Passport Size Photos
Here (Front face
against white back
ground) Name &
DOB
DD/MM/YYYY

PROVISIONAL ADMISSION LETTER

Signature of the Candidate:

Left Thumb impression:

This is to certify that S/o/D/o
resident of having NEET Rank (NEET UG
Entrance held on Number under
UR/OBC/SC/ST/PH/EWS category has been provisionally admitted in MBBS branch for the year
2021 session at AIIMS Deoghar.

He/ She have been provisionally selected for admission to Course at AIIMS Deoghar (1st/2nd
/Mop-up Round/Stray Round of MCC) for the year 2021-2022 on the terms and conditions mentioned
in Information Brochure which is available on MCC NEET Website.

The admission is subject to verification of the documents provided by the candidate. If any
of the information/ certificate is found false/ incorrect the admission may be cancelled.

Medical (Submitted/Pending):

Fee (Submitted/Pending):

Signature of Student

Signature of Parent

**Registrar
AIIMS Deoghar**

Date: _____

Copy to –

1. Executive Director, AIIMS Deoghar
2. Associate Dean (Academics), AIIMS Deoghar
3. DDA/AO, AIIMS Deoghar
4. FA/AO, AIIMS Deoghar
5. Provost Hostels AIIMS Deoghar



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MBBS Admission AIIMS Deoghar 2021 Batch

(For Administrative/ Official Use Only)

Name of Candidate:

Entrance Exam Roll no _____ Rank _____ Category _____

1. Document check List

1. 10th Mark sheet
2. 10th Passing Certificate
3. 12th Mark sheet
4. 12th Passing Certificate
5. Caste/Tribe/OBC/Handicap/EWS Certificate (for reserved category)
6. Migration Certificate issued by Board
7. Transfer Certificate issued by School
8. Character Certificate
9. Notarized Gap Certificate Affidavit by Parent
10. Notarized Gap Certificate Affidavit by Student
11. Notarized Anti-Ragging Affidavit by Parent
12. Notarized Anti-Ragging Affidavit by Student
13. Demand Draft/ NEFT of Rs 5856/- (One Time Admission Fees)
14. Demand Draft/ NEFT of Rs 10,500/- (Mess Fees)
15. Demand Draft/ NEFT of Rs 1,000/- (One Time Refundable Security Deposit)
16. Relieving Letter from earlier institutions where allotted and reported.
17. Other Certificates (if any)

Signature of Members of Admission Committee for MBBS

2. Document Deposited

1. 10th Mark sheet
2. 10th Passing Certificate
3. 12th Mark sheet
4. 12th Passing Certificate
5. Caste/Tribe/OBC/Handicap/EWS Certificate (for reserved category)
6. Migration Certificate issued by Board
7. Transfer Certificate issued by School
8. Character Certificate
9. Notarized Gap Certificate Affidavit by Parent
10. Notarized Gap Certificate Affidavit by Student
11. Notarized Anti-Ragging Affidavit by Parent
12. Notarized Anti-Ragging Affidavit by Student
13. Demand Draft/ NEFT of Rs 5856/- (One Time Admission Fees)
14. Demand Draft/ NEFT of Rs 10,500/- (Mess Fees)
15. Demand Draft/ NEFT of Rs 1,000/- (One Time Refundable Security Deposit)
16. Relieving Letter from earlier institutions where allotted and reported.
17. Other Certificates (if any)

Signature of Registrar

3. Medical Examination (Fit/ Unfit)-

1. General Examination:
2. Investigation (Blood, Urine & X-ray chest):

Signature of Chairman Medical Board/ MS/DMS



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For Official Purpose (Not to be filled by Candidate)

This is to certify that the candidate Mr./Ms. _____ Roll No. _____
Rank _____ Category _____ has produced the following documents in original at the time of verification-

Sl. No.	Particulars/Certificates	Checked	Query/Remarks
1.	Allotment letter issued by MCC		
2.	Registration cum Confirmation Slip by MCC		
3.	Admit Cards of Exam issued by NTA		
4.	Result/Rank Letter issued by NTA		
5.	Relieving Letter in original from earlier Institutions where allotted and reported		
6.	10 th Passing Certificate Eligibility: He/ she has completed 17 years of age at time of admission or will complete that age on or before 31 st Dec of the year of his/ her admission to the 1 st year MBBS. The lower age limit for UR/ UR-EWS/SC/ST/OBC-NCL/PWD is born on or before 31.12.2004. Candidates born on or before 1 st January 2004 are not eligible to apply. Upper age limit for NEET is 25 years as on date of examination with relaxation of 5 years for candidates of SC/ST/OBC-NCL and PWBD Candidates.		
7.	(12 th) Class Certificate and Mark sheet Subject: English, Physics, Chemistry & Biology (Marks obtained _____ out of _____ = _____ %) Minimum Marks: The UR, EWS and OBC candidate must have passed in Physics, Chemistry, Biology and English individually and must have obtained a minimum of 60% marks taken together in Physics, Chemistry and Biology. The candidates belonging to Scheduled Castes and Scheduled Tribe , the minimum marks obtained in Physics, Chemistry and Biology taken together in qualifying examination shall be 50% marks and have to pass individually in all subjects. The candidates belonging to PWBD candidates , the minimum marks obtained in Physics, Chemistry and Biology taken together in qualifying examination shall be 45% marks and have to pass individually in all subjects.		
8.	SC/ST/OBC*/EWS (Copy enclosed) Validity of OBC & EWS Certificate: *OBC/EWS certificate should be valid as per the list of OBC central Govt. He/ She does not person/ Section Creamy Layer/ EWS and certificate should be issued from 1 st April, 2020 (inclusive) and start of reporting of Round-1 of MBBS counselling schedule to be notified by (Medical Counselling Committee for MBBS admission) will be considered valid.		
9.	Migration Certificate issued by University/ Board last Attended		
10.	Transfer Certificate issued by School/ College last Attended		
11.	Disability certificate issued from duly constituted and authorized medical board from centers of Disability as mentioned in the MCC.		
12.	Admission Fees Rs 5856/-, Mess Fees Rs 10,500/- and Hostel Fees Rs 1000/-		
13.	Notarized Affidavits of Gap Certificate and Anti-Ragging by Parents and Students		

*Above mentioned original certificate has been verified along with one set of photocopies of all above.

Signature of the Faculty/ Officers of Admission Committee _____



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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure 1

CERTIFICATE OF DISABILITY

(As per Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb 2019/13th May 2019 for Admission to Medical Courses in All India Quota)

Recent Passport size Photograph of the candidate (same as given in the online Application Form) duly attested by the issuing authority

Certificate No. _____ Dated _____

Name of the Designated Centre (as per Appendix-VIII-B): _____

This is to certify that Dr. /Mr. /Ms. _____

Aged _____ Years Son/Daughter of Mr. _____

R/o _____

NEET Application No. _____ NEET Roll No. _____ Rank No. _____

_____, has the following Disability (Name of the Specified Disability) _____ in (percentage) of _____ (in words) _____ (in Figures).

- Please tick on the "Specified Disability"

[(Assessment to be done in accordance with the Gazette Notification No. S.O76 (E) dated 4th January 2018 of the Department of Empower of Person with Disability (Divyangjan), Ministry of Social Justice & Empowerment)]:

S/No.	Disability Type	Type of Disability	Specified Disability
1.	Physical Disability	A. Locomotor Disability* B. Visual Impairment* C. Hearing Impairment* D. Speech & Language Disability	a. Leprosy cured person, b. Cerebral Palsy, c. Dwarfism, d. Muscular Dystrophy, e. Acid attack Victims, f. other such as Amputation, Poliomyelitis a. Blindness b. Low Vision a. Deaf b. Hard of hearing a. Organic/Neurological causes
2.	Intellectual Disability		a. Specific Learning Disabilities (Perceptual disabilities, Dyslexia, Dysgraphia, Dyscalculia, Dyspraxia & Development Aphasia b. Autism Spectrum Disorders
3.	Mental Behaviour		a. Mental illness
4.	Disability caused due to	a. Chronic Neurological Conditions b. Blood Disorders	i. Multiple Sclerosis ii. Parkinson's disease i. Haemophilia, ii. Thalassemia, iii. Sickle Cell Disease
5.	Multiple Disability including Deaf-Blindness		More than one of the above-specified disabilities

- Conclusion: He/She is Eligible/Not Eligible for admission in Medical/Dental courses as per the aforesaid Gazette Notification(s) subject to his being otherwise medically fit.
- ❖ Functional competency with the aid of Assistive devices in case of Locomotor*/Visual*/Hearing* Impairment, if any

Sign. & Name _____
(Concerned Specialist)

Sign. & Name _____
(Concerned Specialist)

Sign. & Name _____
(Concerned Specialist)



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भारत सरकार/ Government of India

REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-2

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr. _____ Son/Daughter of Shri/Dr. _____ of Village/Town _____ District/Division _____ in the _____ State belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 20012/129/2009-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the _____ District/Division of _____ State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated: _____

District Magistrate/Competent Authority Seal

NOTE:

- (b) The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (c) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate.)
 - (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.
 - (d) The annual income/status of the parents of the applicant should be based on the financial year ending March 31, 2021.



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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-3

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of the certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated 29.10.1977, to be produced by a candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.* _____ son/daughter* of _____ of village/town* _____ in district/Division* _____ of the State/Union Territory* _____ belongs to the _____ Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe* under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order, 1951
- The Constitution (Scheduled Tribe) (Union Territories) Order, 1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re-organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North-Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
- The Constitution (Puducherry) Scheduled Caste Order, 1964
- The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.

2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt* _____ father/mother of Shri/Smt/Kum* _____ of village/town* _____ in District/Division* _____ of the State/Union Territory* _____ who belongs to the _____ caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* _____ issued by the _____ (name of prescribed authority) vide their No. _____ - date _____

3. Shri*/Smt.* /Kum* _____ and/or his/her* family ordinary reside (s) in village/town* _____ of the State/Union Territory of _____.

Signature _____

Place _____ State/Union Territory ** Designation _____

Date _____ (With a seal of Office)

- * Please delete the words which are not applicable.
- Please quote specific Presidential Order.
- Delete the paragraph which is not applicable.

** Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.



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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-4

EMBASSY CERTIFICATE OF FOREIGN CANDIDATE

(For NRI Candidates)

(ON THE LETTERHEAD OF CONCERNED INDIAN DIPLOMATIC MISSION)

F. No. : _____

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. /Mrs. / Ms. _____ S/o / W/o /
D/o _____ holder of Passport No. _____ issued on _____ at
_____ valid upto _____ presently residing at
_____ has stayed abroad for more than
182 days during the last financial year and enjoys the status of Non-Resident Indian (NRI) for the period
from _____ till date. He may be extended all courtesies and facilities, as admissible to the
Non-Resident Indians (NRIs).

This certificate is issued for his Son/ Daughter/ Daughter-in-Law/ Spouse
_____ for seeking admission in India under NRI Quota.

The validity of this Certificate is for six months only.

PLACE:

SIGNATURE :

DATE :

NAME :

DESIGNATION:

SEAL :

(OF THE ISSUING AUTHORITY)



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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-5

SELF-DECLARATION BY MINORITY COMMUNITY CANDIDATE FOR SUPPORT FROM GOVERNMENT SCHEME

Declaration

I, _____ Son/Daughter of _____ A resident of _____
_____ hereby declare that I belong to the (Muslims/Sikhs/Christian/Buddhists/Jains and Zoroastrians (Parsis) which is a notified minority community as per Section 2 (c) of National Commission for Minorities Act, 1992).

Date: _____

Place: _____

Signature of Candidate: _____

Name of the Candidate: _____

Application no. of NEET (UG) 2021: _____

Roll no. of NEET (UG) 2021: _____



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Annexure-6

SELF-DECLARATION PROFORMA FOR CANDIDATES BELONGING TO UT OF J&K

Application no:



I, _____ Son/Daughter of _____ do hereby solemnly affirm and state as follows:

- 1) That I am not eligible to appear for the Undergraduate Medical Courses seats in the UT of J&K and hence not eligible to seek admission in Medical/Dental/Ayurveda/Siddha/Unani/Homeopathy Colleges of UT of J&K.
- 2) That I am not domiciled in the UT of J&K.
- 3) That I further declare that the said declaration is made by me on my own after knowing and understanding all the rules and their implications.
- 4) That if the above statement of mine is found incorrect at any time, my candidature/ admission in NEET (UG) - 2020, Undergraduate Medical Courses be cancelled and legal action as the deemed fit may be initiated against me.

Date:

Left-hand thumb impression	Signature of Candidate

Name:

Father's Name:

Mother's Name:

Address:

This declaration will be auto-generated and submitted online only at the time of filling the online application form by the candidates belonging to UT of J&K and Ladakh and claiming 15% seats under All India Quota.



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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-7

AFFIDAVIT FOR SINGLE GIRL CHILD

Must Be on Rs. 50/- Stamp Paper

I _____ (father/mother of candidate) son/wife of _____

resident of _____

do hereby make oath and state as under:-

1. That the Deponent is the father/mother of _____ (candidate name)
an applicant of NEET (UG)-2021 vide Application no. _____, Roll no. _____.
2. That the deponent's daughter is a Single Girl Child/Twin Daughter/Fraternal Daughter of the family and
there is no other male and female child in my family.

Verified at _____ (place) on this _____ (date-month-year)

that the contents of the above affidavit are true and correct to my personal knowledge and belief.

DEPONENT SIGNATURE _____

NAME _____

FULL ADDRESS _____

Seal & Signature of _____

SDM/First Class Magistrate/Gazetted Officer (not below the rank of Tehsildar)

Certifying the aforesaid declaration.

Date: _____



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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-8

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family**' is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____
Name _____
Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1:. Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.



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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-9

अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर
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Ref No.: 86 /AIIMS/Deoghar/2019

Date: 18/11/2019

FEE STRUCTURE

The fees payable for MBBS at AIIMS Deoghar is as below:-

A. Payable to AIIMS

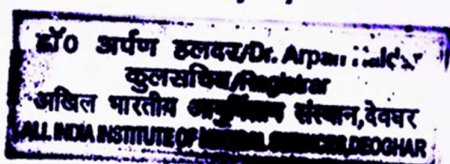
S. No	Fee details	Amount Payable
1.	a. Tuition Fees: b. Pot Money: c. Hostel Rent: d. Caution Money e. Hostel Security:	Payable at the time of admission (Only one time) ₹ 5,856/-
2.	Exam Fee: For each Professional Examination (Annual or Supplementary) irrespective of number of subjects	₹ 1,000/-
3.	Mess Expenses: (Per Annum) Approx.	₹ 50,000/-

B. Miscellaneous Expenses (borne by the students)

S. No	Details	Amount
1.	Books : (i) 1 st & 2 nd semester (1 st Prof) (ii) 3 rd , 4 th & 5 th semester (2 nd Prof) (iii) 6 th & 7 th semester (3 rd Prof Part-I) (iv) 8 th & 9 th semester (3 rd Prof Part-II)	₹ 10,000/- approx. ₹ 10,000/- approx. ₹ 10,000/- approx. ₹ 10,000/- approx.
2.	Add: Laptop : (to be bought by students) Approx. (Optional)	₹ 50,000/-

To be paid as per actual Bill & Voucher.

Arpan Haldar
3/9/21



K. Singh
Nodal Officer
AIIMS Deoghar
Nodal Officer
AIIMS DEOGHAR
(Jharkhand)

Deoghar, Jharkhand 814152



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No.:

Date:

FEE RECEIPT

This is to certify that Mr./ Ms. _____
S/O D/O _____ Resident of _____
_____ admitted in _____
_____ Round of Counselling under _____ Category with Rank _____
_____ and Roll No. _____ in MBBS Batch _____
_____ of AIIMS Deoghar has deposited Rs.5856/- as Admission cum Tuition Fees, Rs. 10,500/- as Mess Fees and Rs. 1,000/- as One Time Refundable Hostel Security Deposit at the time of admission in AIIMS Deoghar.

Note: Students should claim their security money deposit of Rs 1000/- within 3 years after completion of tenure, failing which it will be forfeited.

This has the approval of the Competent Authority.

Registrar
AIIMS Deoghar

Signature of Student

Signature of Parent



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REGISTRAR OFFICE, ACADEMIC SECTION

ACADEMIC SECTION

FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY

NO:

DATE:

To,
The Provost Hostels,
AIIMS, Deoghar- 814142

**AFFIX
PASSPORT SIZE
PHOTOS HERE
Color Front face
against white
back ground**

SUB: APPLICATION FOR ALLOTMENT OF HOSTEL ACCOMMODATION

Respected Sir,

I have joined as M.B.B.S. Student in the Academic Session _____ vide
A.I.I.M.S Joining Letter No. _____. It is
requested that I may be allotted hostel accommodation in the A.I.I.M.S. Hostel. My brief particulars are below:

1. Name of the Student _____
2. Batch and Roll No. _____
3. Date of Admission _____
4. Contact No.5. Email ID
6. Aadhar No _____
7. Blood group _____ 8. Allergy (If any) _____
9. Father's Name _____ Contact No. _____
10. Mother's Name _____ Contact No.
11. Permanent Home Address & Tel. No _____
12. Local Guardian's Name & Address in Deoghar & Tel. No. _____
13. Two Marks of Identification (a) _____
(b) _____
14. Whether married / unmarried/ divorced/ separate/window
15. Source of financial support (e.g., Scholarship/Stipend etc.) during stay in the Hostel
16. Hostel Security of Rupees _____
17. DD/NEFT No. _____ Dated _____



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Students should claim their security money deposit of Rs 1000/- within 1 years after completion of tenure, failing which it will be forfeited."

This application should be forwarded by the Provost Hostels along with the joining report (duty signed by the Registrar) should be attached.

DECLARATION:

A. I Agree to abide by the hostel rules and regulation, in force, regarding the allotment of Hostel Accommodation and the use of the hostel room.

B. I, further state that I will abide by all such orders as may be issued from time to time by the Superintendent of Hostels and on his behalf by an appropriate authority.

Yours faithfully,

(.....)

Signature of the Student

Hostel Name.....

Room No.....

P.T.I Campus,

AIIMS Deoghar

Signature of Parent/Guardian _____

Aadhar Number _____

Signature & Stamp of Registrar (Academic Section)

FOR REGISTRAR OFFICE USE ONLY*

This form after duly signed by Provost and Asst. Provost Hostels with Room No. and Hostel Name is to be submitted to Office of Registrar in the Academic Section for issuance of Bonafide Certificate to Student by Registrar AIIMS Deoghar

Mr./Mrs has been allotted Room No.

in Boys/Girls Hostelw.e.f.

Signature of Asst. Provost Hostels

Signature & Stamp of Provost Hostels



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Annexure a

DECLARATION BY PARENT

I, _____ do hereby declare that my ward Mr./Ms.
_____ has taken admission in MBBS
_____ Batch in AIIMS Deoghar. I do hereby declare that no other members/
Siblings/first degree relative of my family is taking any Scholarship in NSP/ other state Govt.

Signature by Parent

Name of the Parent

Date.....



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Annexure b

DECLARATION BY STUDENT

I, Mr./Ms. _____ S/O D/O _____

MBBS Batch _____ do hereby declare that no other members/Siblings/first degree relative of my family is taking any Scholarship in any in NSP/ other State Govt.

Signature by Student

Name of the Student

Roll No

Batch.....

Rank

Category

Date.....



DECLARATION BY STUDENT

I, Mr./Ms. _____
admitted in MBBS _____ Batch do hereby declare that I had/ had not
not taken earlier applied for Scholarship Scheme
_____ under Ministry of
_____ or any Education Loan or
Financial Assistance till date. (State reasons if earlier applications of
Scholarships/ Education Loan/ Financial Assistance was rejected)
_____ (state reasons). Hence, I
want to apply now for Scholarship Scheme
_____ under Ministry of
_____/ other State Govt.
or other Education Loan in which I am eligible for Scholarship/ Financial
Assistance as per Guidelines of the Scholarship Scheme in NSP/ other Govt.
agencies etc. (details of Scholarship Scheme to be attached).

I hereby also declare that I am at present under no financial debts or
liabilities as of now.

Signature by Student

Name of the Student

Roll No

Rank

Batch.....

Category

Date.....



Annexure d

UNDERTAKING BY STUDENT

I, Mr./Ms. _____ S/O D/O _____

Roll No _____ Rank _____ Category _____

Batch _____ do hereby declare that I am not availing any
Scholarship under any Ministry, Education Loan, Financial Assistance from
other agencies till date.

Signature by Student _____

Name of the Student _____

Roll No _____

Batch _____

Rank _____

Category _____

Date



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Annexure e

UNDERTAKING BY PARENT

I, _____ hereby declare that my ward, Mr./Ms. _____ admitted in MBBS Batch _____ is not availing any Scholarship under any Ministry, Education Loan, Financial Assistance from other agencies till date and is under no financial debt or financial liabilities as of now.

Signature of parent _____

Name of Parent _____

Date



DECLARATION BY STUDENT

I, Mr./Ms. _____ S/O D/O _____
MBBS Batch _____ Rank _____ Category _____ do hereby declare that I will submit the following self-attested documents, undertaking and declarations in Registrar Office for final Verification by Institute Nodal Officer (Registrar) and Attestation by Competent Authority (Executive Director) through Asso. Dean/ Asst. Dean Student Welfare for application of Scholarships/ Education Loan/ any Financial Assistance-

1. Bonafide Certificate issued by Registrar office.
2. Mark sheet of last Passing Certificate of class 12th showing more than 50% marks (if the student is in 1st year and applied Fresh application of Scholarship in NSP).
3. Mark sheet issued from Examination Cell AIIMS Deoghar for 1st/2nd/3rd Professional Exam accordingly of the student in each Professional Examination (if student is applying for renewal of Scholarship in 2nd, 3rd or Final year).
4. Service Certificate from Office if Parents/ Legal Guardians are employed and Income Certificate of Parent with Pan card of Parent issued by designated Authorities.
5. Aadhar Card, Enrolment No., Caste Certificate, Domicile Certificate of Student, Class 10 and Class 12 certificates, Hostel Room No. (certified by Provost Hostels).
6. Fee Receipt of Demand Draft for 5856/- Tuition Fees, Rs 10500/- Mess Fees and Rs 1,000/- Hostel Fees.
 - I hereby declare that I had read the Fee structure of AIIMS Deoghar showing Mess fees, Examination fees, Hostel fees, Tuition fees, Book fees, Laptop (optional) in Annexure 9.
 - I declare that I will give the **Grant In Aid (General) Account of AIIMS Deoghar- Name of Account- "All India Institute of Medical Sciences Deoghar" payable at AIIMS Patna [Account No. 579310110009737 IFSC Code: BKID0005793]** in any Scholarship Applications/ Education Loan for receiving any form of Financial Assistance.
 - I also declare that I will submit my Scholarship/ Education Loan/ Financial Assistance application for Final verification in Registrar Office along with all details of the Scholarship Scheme through Asso. Dean/ Asst. Dean Student Welfare **before 20 days from last date of verification in National Scholarship Portal/ State Govt. Scholarship Schemes.**
 - I also hereby declare that I will abide by the detailed guidelines and FAQs of Scholarship in NSP/ other Govt. agencies etc, I am applying which show that I am eligible for _____ Scholarship Scheme under Ministry of _____.
 - I also undertake that the above documents which I will deposit along with Online Application are authentic which will be uploaded in NSP/ Other state Govt. Portal. I understand that and any discrepancies in above mentioned documents, inadequate online filling of scholarship application in NSP or suppression of actual facts can lead to non-verification of my Scholarship Application.
 - I also declare that at any point of time if it is found that I am taking two Financial Assistance through NSP Scholarship/ State Govt. Scholarship/ Education Loan, my candidature is liable for cancellation.

Signature by Student _____ Name of the Student _____
Roll No _____ Rank _____ Category _____ MBBS Batch _____
Date
Counter Signature of Parent



REGISTRAR OFFICE, ACADEMIC SECTION

MEDICAL BOARD OF ASSESSMENT OF PWBD CANDIDATES

The candidate (Name-.....)
Roll No..... Rank Category) was evaluated
by Medical Assessment Board of AIIMS Deoghar constituted for PwBD Candidates.

The Assessment of the Board is as follows –

The Board after examining the candidate found the Certificate issued by
_____ vide letter no NEET.....
for Disability of is true and the board agrees to allow the student to
take admission under the PH Category in AIIMS Deoghar.

Percentage of Disability: _____

Fit/ Unfit to join MBBS Course in PH Category: Yes/ No.

Signature of the Assessment Board-

1. Dr. Manoj Kumar Saurabh, Addl. Prof. Pharmacology- Deputy Medical Superintendent
(Chairman) _____
2. Dr. Deepak Kumar, Asso. Prof. Physical Medicine & Rehabilitation (Member
Secretary) _____
3. Dr. Rashmi Kumari, Asst. Prof. Ophthalmology- Member _____
4. Dr. Saroj Kumar Tripathy, Asst. Prof. Pediatrics- Member _____
5. Dr. Vikash Raj, Asst. Prof. Orthopedics- Member _____
6. Dr. Shashank, Asst. Prof. ENT- Member _____
7. Dr. Santanu Nath, Asst. Prof. Psychiatry- Member _____
8. Dr. Mona Lisa, Asst. Prof. Pathology/ Lab Medicine- Member _____

**Registrar
AIIMS Deoghar**



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
 (स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
 (An Institution of National Importance under Ministry of Health & Family Welfare)
 भारत सरकार/ Government of India

REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-I

Admission Committee AIIMS Deoghar upon Arrival at PTI Daburgram

Sl. No.	Name of the Faculty	Designation	Department	Remarks
1.	Dr. Ranwir Kumar Sinha	Assistant Professor	Pathology	Making of Personal Files of Students and checking of [Registration cum Confirmation Letter, Admit Card, Rank Letter and Allotment Letter (All Provided by NEET)] (Table 1) assisted by LDC Registrar Office Kumar Keshab.
2.	Dr. Anirban Ganguly (Assistant Provost Hostels)	Assistant Professor	Biochemistry	Making students fill up the all the forms, Hostel Applications form and undertakings and checking of Relieving Letter In Original from earlier Institutions where allotted and reported (if applicable) (Table 2)
3.	Dr. Anup Dadarao Dhanvijay	Associate Professor	Physiology	Checking of Demand Draft/ NEFT Receipt of Admission and Mess and Angi-Ragging and Gap Certificate Affidavits and all Forms (Table 3)
4.	Shri. Sanjay Kumar	Assistant Controller of Examination	Examination Cell	Checking of Certificates (SC, ST, OBC, EWS, PWBD) (Table 4)
5.	Dr. Richa	Associate Professor	Community and Family Medicine	Checking of all Forms, Demand Drafts, Affidavits, Undertakings, Declarations, Certificates as per Checklist (Table 5)
6.	Dr. Subhodh Kumar (Assistant Dean Examinations)	Associate Professor	Pharmacology	Final Checking of Complete Forms with Originals and Medical Certificate as per Checklist (Table 6)
7.	Dr. Arpan Halder (Registrar)	Assistant Professor	Anatomy	Final Verification in MCC Portal and Provisional Admission Letter (Table 7) assisted by LDC Exam Section Mr. Rajkumar
8.	Dr. Manoj Kumar Saurabh (Deputy Medical Superintendent)	Additional Professor	Pharmacology	Enquiries of the candidates and parents regarding counselling and admission process in regard to further rounds- 2nd/Mop-Up/Stray Round and Student Welfare activities (Table 8)
9.	Prof. Vanita Lal (Associate Dean Academics)	Professor & Head	Biochemistry	MBBS Counselling Admission Coordinator regarding Student or Parent queries regarding Affidavit/Certificates or Medical/PWBD Assessment Academic and Examination clarifications (Table 9)

**Registrar
AIIMS Deoghar**



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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-II

**Standing Medical Board of AIIMS Deoghar for Medical Examination of reporting
Candidates upon Arrival at AIIMS Devipur Permanent Campus after each MCC
counselling round.**

Sl. No.	Name of Faculty	Designation	Department	Remarks
1.	Prof. Satya Ranjan Patra (Medical Superintendent)	Professor	General Surgery	Chairman
2.	Dr. Rajesh Kumar (Deputy Medical Superintendent)	Associate Professor	General Medicine	Member Secretary
3.	Dr. Sarthak Das	Associate Professor	Pediatrics	Member
4.	Dr. Manish Raj	Associate Professor	Orthopedics	Member
5.	Dr. Abhishek Onkar	Associate Professor	Ophthalmology	Member
6.	Dr. Priyanka Rai	Associate Professor	Obstetrics and Gynecology	Member
7.	Dr. Nikhil Kumar	Assistant Professor	Pathology/ Lab. Medicine	Member
8.	Dr. Shashank	Assistant Professor	ENT	Member
9.	Dr. Anirban Ganguly	Assistant Professor	Biochemistry	Member
10.	Dr. Suman Kumar	Assistant Professor	Microbiology	Member

**Registrar
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REGISTRAR OFFICE, ACADEMIC SECTION

Annexure-III

**Medical Assessment Board of the AIIMS Deoghar for Verification of Disability
Certificate PwBD Candidates from Centers of Disability marked by MCC**

Sl. No.	Name of Faculty	Designation	Department	Remarks
1.	Dr. Manoj Kumar Saurabh (Deputy Medical Superintendent)	Additional Professor	Pharmacology	Chairman
2.	Dr. Deepak Kumar	Associate Professor	Physical Medicine & Rehabilitation	Member Secretary
3.	Dr. Rashmi Kumari	Assistant Professor	Ophthalmology	Member
4.	Dr. Saroj Kumar Tripathi	Assistant Professor	Paediatric	Member
5.	Dr. Vikas Raj	Assistant Professor	Orthopedics	Member
6.	Dr. Shashank	Assistant Professor	ENT	Member
7.	Dr. Santanu Nath	Assistant Professor	Psychiatry	Member
8.	Dr. Mona Lisa	Assistant Professor	Pathology/ Lab Medicine	Member

**Registrar
AIIMS Deoghar**