



**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**

**NOTICE REGARDING MBBS ADMISSION**

AIIMS Deoghar would conduct the MBBS admission for the year 2023 through the NEET UG Examination following the guidelines of the online counseling process by the Medical Counselling Committee. The selected candidates should report to the institute as per the following schedule (subject to modifications as per MCC notification):

Round	Dates	Time of Reporting	Venue of Reporting
First	31 <sup>st</sup> July, 2023 to 4 <sup>th</sup> Aug, 2023	9 AM to 5 PM on Weekdays (Lunch break 1 PM – 2 PM)	LT-4, Ground Floor, Academic Building, AIIMS Deoghar, Devipur, Deoghar. (Search on Google Map- 24.438364°N, 86.620763°E)
Second	20 <sup>th</sup> Aug, 2023 to 28 <sup>th</sup> Aug, 2023		
Third	10 <sup>th</sup> Sept., 2023 to 18 <sup>th</sup> Sept. 2023		
Stray Vacancy	27 <sup>th</sup> Sept. 2023 to 30 <sup>th</sup> Sept. 2023		

**Note:-** Sundays (27<sup>th</sup> Aug. 2023, 17<sup>th</sup> Sept. 2023) and Holidays (28<sup>th</sup> Sept. 2023) will be treated as working days depending upon situation.

The candidates are advised to go through the NEET UG 2023 prospectus and MCC information bulletin and counselling scheme carefully regarding the necessary documents for reporting the Institute. No candidates would be allowed for reporting without original certificate and any other requirements as prescribed by the Medical Counselling Committee. The Candidates are also advised to bring one set of self- attested photostat copies of all original certificates/ Documents.

**Important:** Please note that the Institute will not reimburse any expenditure incurred by any student because of travel and maintenance in connection with their joining in Institute. It is mandatory for students to stay in the hostel during the tenure of their course. Admission process may spill over to the next day and candidates are required to do the needful before their arrival at Deoghar, hence they are advised to come before the last date of admission. **Entire Admission process will take minimum 3 days so candidates are required to come accordingly as per the MCC reporting/ joining schedule.**

**Enquiries and Clarifications regarding admission:**

**Contact No.:(9AM-5 PM Monday to Saturday)**

- **Mr. Sulochan Pandey, JAA, Registrar Office-7749873463/ 8789805421 for Assistance.**
- **Mr. Monu, LDC MS Office OPD Building AIIMS, Devipur campus - 6205013978/ 9572407225 for Assistance of Medical examination in AIIMS Devipur, Deoghar.**
- **Mr. Pratyush Kumar, JAA, Examination Cell, AIIMS, Deoghar- 9973515079.**

For regular updates <https://www.aiimsdeoghar.edu.in/> (Running Column in Red Line in website)

**\*Nodal Officer/Reporting Officer, MBBS Admission, AIIMS Deoghar – Dr. Arpan Haldar, Registrar, AIIMS, Deoghar (Mob. No. 9007339156)/ Mr. Sanjay Kumar, Registrar link Officer & Assistant Controller of Examination (Mob. No- 7273092229), AIIMS Deoghar- Contact Number- 06432-291098. Dr Himel Mondal, Assistant Professor, -Contact Number- 9830497944.**

**(Email: [ace@aiimsdeoghar.edu.in](mailto:ace@aiimsdeoghar.edu.in)/ [registrar@aiimsdeoghar.edu.in](mailto:registrar@aiimsdeoghar.edu.in)) - For Grievance regarding Admission Process (if any)**

**Nodal Officer, MBBS Admission  
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**INSTRUCTIONS FOR CANDIDATES FOR MBBS ADMISSION BATCH 2023**

- Candidates allotted for reporting/joining in AIIMS, Deoghar are advised to see the List of requisite Documents/ Forms/Affidavits/ Drafts etc., in the Notice Section of AIIMS Deoghar Website. Candidates are to attend physically for the admission process. The Enclosed Documents has been put up in the Notice Section Student Column of the AIIMS Deoghar Website.
- Candidates for MBBS Admission 2023 Batch are required to bring along with them the original documents as per the Checklist of MBBS 2023 Admission along with one set of self-attested photocopies of the documents in sequential order as per the Checklist
- Candidates are advised to download and fill up all the enclosed forms of MBBS Admission which will ensure the admission process hassle free.
- The Circular regarding classes will be issued in due course of time.
- Admission process may spill over to the next day and candidates are required to do the needful before their arrival at Deoghar. Hence they are also advised to come before the last date of admission.
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**Sequence of Admission Process (Annexures I to Annexure III)-**

1. Report at LT-4 , Acadmic Building, AIIMS Devipur, Deoghar at 9AM for and then go to the Office of Medical Superintendent AIIMS Devipur, Deoghar for Medical Examination with Medical Examination Format of AIIMS Deoghar available in Institute website.
2. Bring with Three Demand Drafts/NEFT receipts as mentioned in the Checklist along with the seven Notarized Affidavit Annexures I, II, III, IV, V, VI & VII as per Format of the Affidavit available in AIIMS Deoghar website.

**Note:** Gap affidavit is mandatory for both having Gap or not having Gap. Those do not have gap should write "Do not have gap".

3. Complete the process of Admission, Take Computer Generated Provisional Allotment Letter duly signed by Registrar & Executive Director, Original Document Submission Receipt and Fee Receipts after completion of Admission process.
4. Visit the Hostel for completion of the Hostel Allotment process after Completion of the Admission and also visit the Mess Facility (Hostel Application Form enclosed).
5. Fee Structure of AIIMS Deoghar is as per Annexure 9 [Scholarships can be applied by eligible students in various Schemes in National Scholarship Portal subject to submission of applications in prescribed Performa (Undertakings and Declarations in **Annexures a to Annexures f**) and subsequent verification by Institute Nodal Officer for NSP- Registrar]

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**MBBS ADMISSION-2023 Batch (CHECKLIST)**

1. Medical Examination report from Standing Medical Board of AIIMS, Deoghar in the Performa enclosed.
2. Eight(8) Passport Size Photographs same as affixed on the application
3. All Original Documents and self-attested Xerox Copies mentioned as-
  - a) Class 10 Mark Sheet
  - b) Class 10 Passing Certificate & (Date of Birth certificate if Metric Certificate does not bear the Same)
  - c) Class 12 Mark Sheet
  - d) Class 12 Passing Certificate
  - e) Migration Certificate issued by University/ Board last attended
  - f) Transfer Certificate issued by School/ College last attended
  - g) Proof of Identity of candidate & Parent (Aadhar/ PAN/Driving Licence/Passport) and Domicile of candidate.
4. Registration cum Confirmation sheet (Provided by NEET)
5. Admit Cards issued by NTA. 6) Result/Rank Letter issued by NTA 7) Allotment Letter issued by MCC
8. Relieving Letter in Original from earlier Institutions where allotted and reported. (If applicable)
9. a) **SC/ST Certificate** issued by the competent authority (in the standard format as specified in the prospectus/ information bulletin of the MCC) and it should be in English or Hindi in language. Sub caste should be clearly mentioned in the certificate. Some of the States insist for English version of Caste Certificate. In case the certificate is in regional language the candidate should carry an Attested translated copy of the certificate in English/Hindi. b) **OBC-NCL Certificate** as per central List certificate issued by the competent authority. The sub-caste should tally with the Central List of OBC. The OBC candidates should not belong to Creamy Layer to claim OBC reservation benefit. The OBC certificate must be in the standard format as mentioned in the prospectus/Information Bulletin of the MCC. c) **EWS Certificate** as per the prescribed format of the MCC. **(Note:-**The OBC and EWS certificates issued from 1st April, 2023 (inclusive) and start of reporting of Round-1 of MBBS counselling schedule as notified by (Medical Counselling Committee for MBBS admission)/ as per the guideline of MCC, the annual income / status of the parents of the applicant should be based on financial year ending March 31, 2023), will be considered valid. d) **Disability Certificate** issued from a duly constituted and authorized Medical Board in an online format by the designated centres as per NMC norms (Gazette Notification no MCI-34(41)/2018-Med./170045 dated 04/02/2019). No other PWD certificate, issued by any other Authority/Hospital will be entertained.
10. **Admission fees: Rs 5,856** (Demand Draft/NEFT in favour of “All India Institute of Medical Sciences Deoghar” payable at AIIMS Deoghar) [Account No. 41792595056 IFSC Code: SBIN0064014]
11. **Mess fees: Rs 10,500** [Security Deposit of Rs 7500/- & Mess fee 3000/-] (Demand Draft/NEFT in favour of “Mess Account AIIMS Deoghar” payable at Deoghar)[Account No: 39793052571 IFSC Code: SBIN0000064]
12. **Hostel fees: Rs 1,000** (Demand Draft/ NEFT in favour of “Student Welfare Account AIIMS Deoghar” payable at Deoghar) [Account No. 39830735409 IFSC Code: SBIN0000064]
13. **Signed Notarized Affidavit regarding Gap Certificate** by parent and student (soft copy is available at AIIMS Deoghar websites)
14. **Undertakings and Declarations Annexure A to Annexure J** (copy is available at AIIMS Deoghar websites)
15. **Signed Notarized Affidavit regarding anti-ragging** by parent and student (soft copy is available at AIIMS Deoghar websites)
16. **Annexures 1 to Annexure 8** (as per Formats of MCC).

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**MBBS Admission AIIMS Deoghar 2023 Batch**

(For Administrative/ Official Use Only)

Name of Candidate:.....

Entrance Exam Roll no \_\_\_\_\_ Rank \_\_\_\_\_ Category \_\_\_\_\_

**1. Document check List**

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

\_\_\_\_\_  
**Signature of Members of Admission Committee for MBBS**

**2. Document Deposited**

1. 10<sup>th</sup> Mark sheet
2. 10<sup>th</sup> Passing Certificate
3. 12<sup>th</sup> Mark sheet
4. 12<sup>th</sup> 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 Nodal Officer, MBBS Admission**  
**(NEET-UG 2023) AIIMS Deoghar.**

**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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**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, 2023 (inclusive) and start of reporting of Round-1 of MBBS counselling schedule as notified by (Medical Counselling Committee for MBBS admission) and the annual income /status of the parents of the applicant should be based on financial ending March 31, 2023, 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 BENCH MARK 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 is annexed in APPENDIX-1. The candidate must possess a valid document certifying his/her physical disability. The disability certificate 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 ECONOMICALY 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, 2023 (inclusive) and start of reporting of Round-1 of MBBS counselling schedule as notified by (Medical Counselling Committee for MBBS admission) and the annual income /status of the parents of the applicant should be based on financial ending March 31, 2023, will be considered valid.

**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 (2023). Candidates born on or after 1st January, 2007 are NOT eligible.



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**3. ESSENTIAL ACADEMIC QUALIFICATION-**

- Candidate should have passed the 12<sup>th</sup> 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 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)
- 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: Annexure-I of NEET (UG) 2023 Information Bulletin)**

**4. MINIMUM MARKS-**

- The minimum aggregate of the marks in ENGLISH, PHYSICS, CHEMISTRY and BIOLOGY obtained in the qualifying examination (as in the essential qualification at Sl. No. 2 of this table) 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.

**• BREAK UP OF ADMISSION TUITION FEES Rs 5856-**

Sl.No.	ACADEMIC&OTHERFEES	Amount in Rs	HOSTEL&OTHERFEES	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
	<b>TOTAL</b>	<b>1628.00</b>	<b>TOTAL</b>	<b>4228.00</b>
		<b>TOTAL</b>		<b>5856.00</b>

**• 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**

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**REGISTRAR OFFICE, ACADEMIC SECTION**

**STUDENT WELFARE DIVISION**

1	Name of the Course	<b>M.B.B.S.</b>
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 Dean/ 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	

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**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.**



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**Annexure-A**

**UNDERTAKING**

I.....

Son /daughter of Shri.....

have passed MBBS Entrance Examination NEET UG, 2023 held on \_\_\_\_\_, 2023.

My Rank in the Entrance Examination was .....

I certify that all my **Originals Certificates** (i.e., 10<sup>th</sup> Passed/Age proof, 12<sup>th</sup> 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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**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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**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**.....



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR**  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)  
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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**.....

.....

.....





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**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](mailto:registrar@aiimsdeoghar.edu.in) for consideration.

• I am hereby authorizing Mr./Mrs. \_\_\_\_\_  
Aadhar Card No. \_\_\_\_\_ who is my Parent/ Legal Guardian/ Sibling/  
1<sup>st</sup> 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 2023 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](mailto: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  
Relation with Candidate:

Signature of the Reporting Person  
Name of the Reporting Person:

Signature of Witness

Name of Witness:

Relation with Candidate:

**Dated:**



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

**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  
2023-24

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

1. 10<sup>th</sup> class passing certificate
2. 12<sup>th</sup> Class passing certificate
3. Mark sheet of qualifying certificate i.e., 12<sup>th</sup> 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.

**Nodal Officer, MBBS Admission**  
**(NEET-UG 2023) AIIMS Deoghar.**



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

**Annexure-F**

**UNDERTAKING FOR THE CHANGE OF INSTITUTE**

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

have taken admission for MBBS course at AIIMS Deoghar 2023 batch, and I am interested for the 2<sup>nd</sup> 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 2023 batch, allotted through 1<sup>st</sup> 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 2<sup>nd</sup> round of counselling from \_\_\_\_\_ at MCC NEET.*

**Nodal Officer, MBBS Admission  
(NEET-UG 2023) AIIMS Deoghar.**



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

**Annexure-G**

**UNDERTAKING FOR THE CHANGE OF INSTITUTE**

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

have taken admission for MBBS course at AIIMS Deoghar 2023 batch, and I am interested for the Third/ Online Stray 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 2023 batch, allotted through 2<sup>nd</sup> 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 Third/ Online Stray round of counselling from \_\_\_\_\_ at MCC NEET.*

**Nodal Officer, MBBS Admission  
NEET-UG 2023) AIIMS Deoghar.**





**ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR**  
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**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 ..... 2023.

B. I undertaking that I have personally appeared in the above said examination.

C. I also undertake that all my **Originals Certificates** (i.e., 10<sup>th</sup> Passed/Age proof, 12<sup>th</sup> 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



Left Thumb Impression

Name: .....

Address: .....

Email ID & Mobile Number: .....

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



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**REGISTRAR OFFICE, ACADEMIC SECTION**

**Annexure-I**

**UNDERTAKING FOR DOCUMENT DEPOSITION**

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

with entrance examination Roll Number ..... Rank .....  
Category ..... for MBBS course at AIIMS Deoghar 2023 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: \_\_\_\_\_



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Annexure-J

**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 Previous 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/banned 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 any firearms or lethal weapons.

Signature of Candidate

Signature of Parent/Guardian



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR**  
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**भारत सरकार / Government of India**

**REGISTRAR OFFICE, ACADEMIC SECTION**

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- bailable 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:



**STUDENT INFORMATION SHEET**

**Hostel:** It is mandatory for students to stay in the hostel during the tenure of the course after the admission process is over. Students are advised to bring/arrange following useful items of their own to ensure a comfortable stay:

- Utensils like water jug, tumbler/jar, plastic bucket, Pillow, Bed Sheets.
- The students have to buy their own textbooks, dissection sets/any other ancillary items.

**Dress Code:**

- Wearing a white Doctor's Apron is mandatory during classes and academic activities.
- The specification of Doctor's Apron is as follows:
  - Full sleeves
  - Length covering 2/3 of the thigh with two front lower pockets and one left side chest pocket.
- Dress code for students during college hours and academic activities is formal, Sneakers, Slippers, Jeans and T-shirts are not allowed during working hours.

**Recommended Check List of Day to Day Needs for Hostel & Academics**

- White Apron (knee length compulsory)-2
- Name Plate – for the apron
- Proper formal shoes and socks
- Clothes, Footwear
- Hanger
- Thin Mattress
- Bed Sheet, Blanket
- Pillow
- Foot/floor mats
- Bucket, Mug, Soap case
- Towel
- Soap, Shampoo, Toothpaste, Brush, Comb, Detergent-(Toiletries)
- Table Cloth
- Medicine/First aid kit
- Mosquito Repellent
- Torch
- Alarm clock
- Locks
- Insect Repellent
- Emergency Light
- Reference books recommended by the respective 1<sup>st</sup> year departments (Information will be provided later by Departmental Heads)

**Note:** Student are advised to contact Academic Section at [academics@aiimsdeoghar.edu.in](mailto:academics@aiimsdeoghar.edu.in) regarding Class Schedule, Books etc. and Hostel Section at [hostelaiimsdeoghar1@gmail.com](mailto:hostelaiimsdeoghar1@gmail.com) and Student Welfare Section at [studentwelfare@aiimsdeoghar.edu.in](mailto:studentwelfare@aiimsdeoghar.edu.in) for Accommodation details by E-mail only.

**Nodal Officer, MBBS Admission**  
(NEET-UG 2023) AIIMS Deoghar.





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**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 24<sup>th</sup> 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 this .....Day of .....2023, that the above affidavit  
is true and correct.

Name:

Address & Contact No:

Deponent

Signature of the Student



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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 24<sup>th</sup> -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 \_\_\_\_\_ 2023, that the above affidavit is true and correct.

Name:

Address & Contact No:

Deponent

Signature of Parent/Guardian



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR**  
**स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)**  
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**भारत सरकार / Government of India**  
**REGISTRAR OFFICE, ACADEMIC SECTION**

**ANNEXURE-III**

**GAP CERTIFICATE AFFIDAVIT BY THE STUDENT**

(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) or I do not have any gap ( Strike out which is not applicable )
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 (Devipur Permanent Campus)

Solemnly Affirmed at Deoghar.

Signature of the applicant

This .....th day of ..... (month) .....(year)

Deponent.

Explained & identified by me.

Before Me.

Signature of Notary



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR**  
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**भारत सरकार / Government of India**  
**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 at .....do 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) or He/She does not have any gap  
( Strike out which is not applicable )
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 (Devipur Permanent  
Campus)

Solemnly Affirmed at Deoghar.

Signature of Parent

This .....th day of ..... (month) .....(year)

Deponent.

Explained & identified by me.

Before Me.

Signature of Notary



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

**ANNEXURE-V**

**UNDERTAKING AFFIDAVIT BY STUDENT**  
**(ON Rs 10/- STAMP PAPER)**

I, Mr./Ms. \_\_\_\_\_ S/O, D/O \_\_\_\_\_  
Resident of \_\_\_\_\_  
D.OB. \_\_\_\_\_ NEET Roll No. \_\_\_\_\_  
Category \_\_\_\_\_ allotted AIIMS Deoghar in \_\_\_\_\_  
Round Counselling in \_\_\_\_\_ Quota hereby reported for  
MBBS Admission do solemnly declare and undertake that-

1. I hereby declare that I had taken admission in \_\_\_\_\_ (name of course) in \_\_\_\_\_ (name of college) for the session \_\_\_\_\_.
2. I hereby undertake that I had submitted College Leaving Certificate of \_\_\_\_\_ (name of College) at AIIMS Deoghar.
3. I also declare that I had submitted all the Original Documents except Migration Certificate from \_\_\_\_\_ (name of university) and I will apply for Migration Certificate to \_\_\_\_\_ (name of University)
4. I hereby understand that in case some Legal Circumstances arise from the University I have enrolled, due to Migration Certificate, my candidature at AIIMS Deoghar is liable to get cancelled.

**Deponent**  
**Signature of Student**

**Verification:** Verified at \_\_\_\_\_ on this \_\_\_\_\_ Day of \_\_\_\_\_ 2023, that the above affidavit is true and correct.

**Name:** \_\_\_\_\_

**Address & Contact No.** \_\_\_\_\_

**Deponent**  
**Signature of the Student**





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**ANNEXURE-VI**

**UNDERTAKING AFFIDAVIT BY PARENT**  
**(ON Rs 10/- STAMP PAPER)**

I, Ms. \_\_\_\_\_ S/O Mr./ Ms. \_\_\_\_\_  
\_\_\_\_\_ Resident of \_\_\_\_\_  
\_\_\_\_\_ D.OB. \_\_\_\_\_ do hereby solemnly  
affirm and declare as under –

My son/daughter Mr./Ms. \_\_\_\_\_ NEET Roll No. \_\_\_\_\_  
\_\_\_\_\_ Category \_\_\_\_\_ is allotted AIIMS Deoghar in  
\_\_\_\_\_ Round Counselling in \_\_\_\_\_ Quota hereby reported for MBBS Admission  
do solemnly declare and undertake that-

1. I hereby declare that my son/ daughter had taken admission in \_\_\_\_\_ (name of course) in \_\_\_\_\_ (name of college) for the session \_\_\_\_\_.
2. I hereby undertake that he/she had submitted College Leaving Certificate of \_\_\_\_\_  
(name of College) at AIIMS Deoghar.
3. I also declare that he/she had submitted all the Original Documents except Migration Certificate from \_\_\_\_\_ (name of university) and he/she will apply for Migration Certificate to \_\_\_\_\_ (name of university)
4. I hereby understand that in case some Legal Circumstances arise from the University I have enrolled, due to Migration Certificate, my son/daughter's candidature at AIIMS Deoghar is liable to get cancelled.

**Deponent**  
**Signature of Parent/ Guardian**

**Verification:** Verified at \_\_\_\_\_ on this \_\_\_\_\_  
\_\_\_\_\_ Day of \_\_\_\_\_ 2023, that the above affidavit is true and correct.

**Name:** \_\_\_\_\_

**Address & Contact No.** \_\_\_\_\_

**Deponent**  
**Signature of the Parent/ Guardian**



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**ANNEXURE-VII**

**To be executed in 10 Rs/- Non judicial Stamp Paper**

**Undertaking regarding use of social media inside the campus of AIIMS Deoghar**

1. I am personally responsible for what I communicate on or through social media.
2. I will not use any social media to infringe on the rights, or privacy, of other students, faculty, or staff.
3. I will not make any ill-considered comments or judgments about other students, staff, or third parties.
4. I understand that the following is a non-exhaustive list of an unacceptable nature, and I will never post these on any social media platform:
  - a. Confidential information (which may include research not yet in the public domain, information about fellow students or staff or personal matters, non-public or not yet approved documents or information)
  - b. Details of complaints/potential complaints and/or legal proceedings/potential legal proceedings involving the institute
  - c. Personal information about another individual, including contact information, without their expressed permission
  - d. Comments posted using fake accounts, made-up names, or using another person's name without their consent
  - e. Inappropriate material, including images, that is, or maybe perceived to be threatening, harassing, discriminatory, illegal, obscene, indecent, defamatory, or hostile towards any individual, group, or entity
  - f. Any other posting that constitutes, or may constitute, a legal dispute
  - g. Anything which may bring AIIMS Deoghar into disrepute or compromise the safety or reputation of students, faculty, staff, and those connected with the institute
5. AIIMS Deoghar will not accept any form of bullying or harassment by or of faculty members of the institute, students, or staff.
6. I understand that the following is a non-exhaustive list of cyber bullying which is totally unacceptable in nature, and I will never post these on any social media platform:
  - a. Maliciously, negligently or recklessly spreading rumors, lies, or gossip
  - b. Intimidating or aggressive behavior, as perceived by those viewing the social media
  - c. Offensive or threatening comments or content, as perceived by those viewing the social media, and also propagation through social media
  - d. Posting comments/photos etc. deliberately, negligently, or recklessly mocking an individual with the potential to harass or humiliate them, as perceived by those viewing the social media
  - e. Posting by Morphing / Animation / Photo editing and impersonality by visible contents and through Audio.
7. I understand that not only posting content on social media accounts according to the above-mentioned guidelines that deem them inappropriate, also liking or forwarding circulating such content will also be considered as support and draw the same kind of disciplinary action.
8. I will fully cooperate with the committee members formed to investigate complaints related to social media.
9. I fully understand that I may be warned, removed from the hostel, expelled from AIIMS Deoghar, or maybe given any punishment as deemed fit by the competent authority if I am found guilty of any offense mentioned above.

**Signature of the Student with date**

**Signature of the Parent-**



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**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**



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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)?



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- 
- a) History of Vaccination: \_\_\_\_\_
- 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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Name of the Candidate: .....

**DEPARTMENT OF GENERAL MEDICINE:**

**Physical Examination** (Tick wherever appropriate)

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

**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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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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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 OBSTETRICS 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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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 (please mention if any major abnormalities)**

**Signature, Name and Stamp of-**

\_\_\_\_\_  
**Biochemistry**

\_\_\_\_\_  
**Pathology/ Lab Medicine**

\_\_\_\_\_  
**Microbiology**

**Two Identification mark**

- 1. ....**
- 2. ....**



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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, 2023 batch, on..... Following Original  
Documents of the Candidate are submitted in the Registrar Office, Academic section of AIIMS  
Deoghar.

1. 10<sup>th</sup> Mark sheet
2. 10<sup>th</sup> Passing Certificate
3. 12<sup>th</sup> Mark sheet
4. 12<sup>th</sup> 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:

**Nodal Officer, MBBS Admission**  
**(NEET-UG 2023) AIIMS Deoghar.**

Signature of Student

Signature of Parent



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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  
2023 session at AIIMS Deoghar.

He/ She have been provisionally selected for admission to Course at AIIMS Deoghar (1<sup>st</sup> /2<sup>nd</sup>  
/Mop-up Round/Stray Round of MCC) for the year 2023-24 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 .....

**Nodal Officer, MBBS Admission  
(NEET-UG 2023) AIIMS Deoghar.**

Date: \_\_\_\_\_

Copy to –

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



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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 <sup>th</sup> Passing Certificate <b>Eligibility:</b> He/ she has completed 17 years of age at time of admission or will complete that age on or before 31 <sup>st</sup> Dec of the year of his/ her admission to the 1 <sup>st</sup> year MBBS (2023). The lower age limit for UR/ UR-EWS/SC/ST/OBC-NCL/PWD is born on or before 31.12.2006. Candidates born on or after 1st January, 2007 are NOT eligible to apply.		
7.	(12 <sup>th</sup> ) Class Certificate and Mark sheet Subject: English, Physics, Chemistry & Biology (Marks obtained _____ out of _____ = _____ %) <b>Minimum Marks:</b> The UR, EWS and OBC candidate must have passed in Physics, Chemistry, Biology and English individually and must have obtained a minimum of <b>60% marks</b> taken together in Physics, Chemistry and Biology. The candidates belonging to <b>Scheduled Castes and Scheduled Tribe</b> , the minimum marks obtained in Physics, Chemistry and Biology taken together in qualifying examination shall be <b>50% marks</b> and have to pass individually in all subjects. The candidates belonging to <b>PWBD candidates</b> , the minimum marks obtained in Physics, Chemistry and Biology taken together in qualifying examination shall be <b>45% marks</b> and have to pass individually in all subjects.		
8.	SC/ST/OBC*/EWS (Copy enclosed) <b>Validity of OBC &amp; EWS Certificate:</b> *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 <sup>st</sup> April, 2023 (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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**Annexure 1**

**CERTIFICATE OF DISABILITY**

(As per Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5<sup>th</sup> Feb 2019/13<sup>th</sup> 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 4<sup>th</sup> January 2018 of the Department of Empowerment 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

ANNEXURE-4

**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:**

- (a) **The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.**
- (b) **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.**
- (c) **The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2023.**



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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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**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/Christians/Budhists/Jains and Zoroastrians (Parsis)] which is a notified minority  
community as per Section 2 © of National commission for Minorities Act, 1992.

**Date:**

**Place:**

**Signature** ..... **of**  
**candidate:**.....

**Name of candidate:**.....

**Application no. of NEET (UG) 2023:**.....

**Roll no. of NEET (UG) 2023:**.....



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**REGISTRAR OFFICE, ACADEMIC SECTION**

**Annexure-6**

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

Application no:



Photo

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

\*Note 1: 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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**भारत सरकार/ Government of India**

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

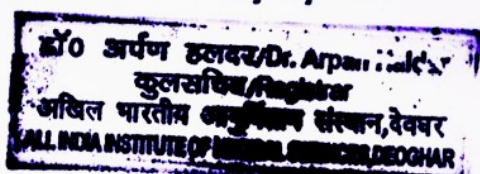
S. No	Fee details	Amount Payable
1.	a. Tuition Fees: b. Pot Money: c. Hostel Rent: d. Caution Money e. Hostel Security: <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">             Payable at the time of admission (Only one time)           </div>	₹ 5,856/-
2.	Exam Fee: 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 <sup>st</sup> & 2 <sup>nd</sup> semester (1 <sup>st</sup> Prof) (ii) 3 <sup>rd</sup> , 4 <sup>th</sup> & 5 <sup>th</sup> semester (2 <sup>nd</sup> Prof) (iii) 6 <sup>th</sup> & 7 <sup>th</sup> semester (3 <sup>rd</sup> Prof Part-I) (iv) 8 <sup>th</sup> & 9 <sup>th</sup> semester (3 <sup>rd</sup> 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.

**Axpan Haldar**  
3/9/21



**Dr. Anil Singh**  
Nodal Officer  
AIIMS DEOGHAR  
(Jharkhand)

Deoghar, Jharkhand 814152



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**REGISTRAR OFFICE, ACADEMIC SECTION**

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.

**Nodal Officer, MBBS Admission  
(NEET-UG 2023) 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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**REGISTRAR OFFICE, ACADEMIC SECTION**

**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.....

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 Hostel .....w.e.f. ....

Signature of Asst. Provost Hostels

Signature & Stamp of Provost Hostels



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**REGISTRAR OFFICE, ACADEMIC SECTION**

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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**REGISTRAR OFFICE, ACADEMIC SECTION**

**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.....





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**REGISTRAR OFFICE, ACADEMIC SECTION**

**Annexure c**

**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.....



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**REGISTRAR OFFICE, ACADEMIC SECTION**

**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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**REGISTRAR OFFICE, ACADEMIC SECTION**

**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 .....



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**Annexure f**

**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 Deoghar [Account No. 41792595056 IFSC Code: SBIN0064014]** 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 .....



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**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. Deepak Kumar, Asso. Prof. Physical Medicine & Rehabilitation- **(Chairman)** \_\_\_\_\_
2. Dr. Manish Raj, Asso. Prof., Orthopedics **(Member Secretary)** \_\_\_\_\_
3. Dr. Rashmi Kumari, Asst. Prof. Ophthalmology- Member \_\_\_\_\_
4. Dr. Saroj Kumar Tripathy, Asso. Prof. Pediatrics- Member \_\_\_\_\_
5. Dr. Vikash Raj, Asso. 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 \_\_\_\_\_

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**REGISTRAR OFFICE, ACADEMIC SECTION**

**Annexure-I**

**Admission Committee AIIMS Deoghar upon Arrival at AIIMS Devipur**

Sl. No.	Name of the Faculty, Designation, Department	Name of the Faculty/Officer, Designation, Department providing assistance	Remarks
1.	Dr. Ranwir Kumar Sinha, Assistant Professor, Pathology	Dr. Nikhil Kumar, Assistant Professor, Pathology/ Lab Medicine	Making of Personal Files of Students and checking of [Registration cum Confirmation Letter, Admit Card, Rank Letter and Allotment Letter (All Provided by NEET)] <b>(Table 1)</b> assisted by LDC Dean Office/Recruitment.
2.	Dr. Anirban Ganguly, Assistant Professor, Biochemistry <b>(Assistant Provost Boys Hostels)</b>	Dr. Amita Kumari Assistant Professor, Physiology	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) <b>(Table 2)</b>
3.	Dr. Anup Dadarao Dhanvijay, Associate Professor, Physiology	Dr. Vimal Singh Munda, Assistant Professor, Microbiology	Checking of Demand Draft/ NEFT Receipt of Admission and Mess and Anti-Ragging and Gap Certificate Affidavits and all Forms <b>(Table 3)</b>
4.	Dr. Ratnesh Kumar, Associate Professor, Microbiology	Dr. Bijit Biwas, Assistant Professor, Dept. of CFM.	Checking of Certificates (SC, ST, OBC, EWS, PWBD) <b>(Table 4)</b>
5.	Dr. Richa, Associate Professor, Community and Family Medicine	Dr. Hansraj, Assistant Professor, Pharmacology	Checking of all Forms, Demand Drafts, Affidavits, Undertakings, Declarations, Certificates as per Checklist <b>(Table 5)</b>
6.	Dr. Subhodh Kumar, Associate Professor, Pharmacology <b>(Associate Dean Examinations)</b>	Dr. Dibyanshu Singh Assistant Professor, Community and Family Medicine <b>(Assistant Provost Girls Hostels)</b>	Final Checking of Complete Forms with Originals and Medical Certificate as per Checklist <b>(Table 6)</b> assisted by LDC Examination Section.
7.	Sanjay Kumar, ACE & <b>(Registrar Link Officer)</b>	Dr. Himel Mondal & Dr Amita Singh, Assistant Professor, Dept. of Physiology	Final Verification in MCC Portal and Provisional Admission Letter <b>(Table 7)</b> assisted by LDC Registrar Office, Exam Cell, Engineering Cell and Biochemistry Dept.
8.	Dr. Asitava Deb Roy Additional Professor & Acting Head, Pathology/ Lab Medicine <b>[Overall MBBS Counselling Admission Coordinator]</b>	Ananda Kumar Pandi, Assistant Professor, Biochemistry <b>(Assistant Dean – Student Welfare)</b> Dr. Arshad Ayub, Assistant Professor, CFM <b>(Assistant Dean – Academics)</b>	Student or Parent queries regarding Affidavit/Certificates or Medical/PWBD Assessment, Academic and Examination clarifications Enquiries of the candidates and parents regarding counselling and admission process in regard to further rounds- 2nd/Third/Stray Round and Student Welfare activities, Academic and Examination clarifications <b>(Table 8)</b>

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**Annexure-II**

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

Sl. No.	Name of Faculty	Designation	Department	Remarks
1.	Prof. Satya Ranjan Patra (Medical Superintendent)	Professor & Head	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. Sumeet Angral	Assistant Professor	ENT	Member
9.	Dr. Anirban Ganguly	Assistant Professor	Biochemistry	Member
10.	Dr. Suman Kumar	Assistant Professor	Microbiology	Member

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**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. Deepak Kumar, Associate Professor, Physical Medicine & Rehabilitation			Chairman
2.	Dr. Manish Raj	Associate Professor	Orthopedics	Member Secretary
3.	Dr. Rashmi Kumari	Assistant Professor	Ophthalmology	Member
4.	Dr. Saroj Kumar Tripathi	Associate Professor	Paediatric	Member
5.	Dr. Vikas Raj	Associate Professor	Orthopedics	Member
6.	Dr. Sumeet Angral	Assistant Professor	ENT	Member
7.	Dr. Santanu Nath	Assistant Professor	Psychiatry	Member
8.	Dr. Mona Lisa	Assistant Professor	Pathology/ Lab Medicine	Member

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**COMMITTEE FOR SMOOTH CONDUCTION OF ADMISSION PROCESS MBBS 2023 BATCH**

The following Faculties/Officers are hereby allocated the responsibilities in the MBBS Admission procedure for the Batch 2023 as per the following schedule:

**\* Sundays (27<sup>th</sup> Aug. 2023, 17<sup>th</sup> Sept. 2023) and Holidays (28<sup>th</sup> Sept. 2023) will be treated as working days depending upon situation.**

Round	Dates	Time of reporting	Place of reporting
First	31 <sup>st</sup> July, 2023 to 4 <sup>th</sup> Aug, 2023	9 AM to 5 PM on Weekdays (Lunch break 1 PM – 2 PM)	LT-4, Ground Floor, Academic Building, AIIMS Devipur
Second	20 <sup>st</sup> Aug, 2023 to 28 <sup>th</sup> Aug, 2023		
Third	10 <sup>th</sup> Sept. 2023 to 18 <sup>th</sup> Sept. 2023		
Stray Vacancy	27 <sup>th</sup> Sept. To 30 <sup>th</sup> Sept. 2023		

Sl. No.	Name of Faculties/ Officers	Responsibilities allotted
1.	Dr. Kahkasha, Dr. Urmila Sinha, Dr. Anita Kumari, Dr. Jeetendra Prasad  (To be assisted by Nursing Officers and CHS Staffs)	1. Overall supervision of arrangement of furniture (Table, chairs etc.) and logistics in LT-4, Ground Floor, Academic Building, AIIMS Devipur regarding lighting, ventilation, sitting arrangement according to COVID Protocols. 2. Convey utility stores/ shoppe to arrange snacks and beverages for students and parents on payment basis 3. Total 9 sets of table/ chair/ 3 sets of computer, 3 printers and all stationary (paper/ pencil/ pen/ markers/ stapler etc) to be made available.
2.	Dr. Khursheed Raza, Faculty I/C Mess	For refreshments and drinking water during document verification at LT-4, Ground Floor, Academic Building, AIIMS Devipur on above admission dates
3.	Dr. Seshadri Reddy Varikasuvu, Faculty I/C CHS	1. For 2 CHS staffs 1 Male and 1 Female to be allotted in above admission dates at LT-4, Ground Floor, Academic Building, AIIMS Devipur. 2. To inform the concerned staff to be ready for aiding and securing LT-4
4.	Dr. Rajesh, DMS, Faculty In-charge Nursing Officer	For 2 Male and 2 Female Nursing Officer to be deputed at LT-4, Ground Floor, Academic Building, AIIMS Devipur on above admission dates
5.	Dr. Urmila Sinha, Faculty In-charge IT	For IT support and arrangement during admission process. One IT staff to be allotted for set up of Desktop, Printer, UPS from Registrar Office, Examination Section and Dean Office at LT-4, Ground Floor, Academic Building, AIIMS Devipur.
6.	Medical Superintendent/ Dr. Niranjana Kumar (Associate Professor, Dept. of Surgery)	Intimation for Standing Medical Board to MS and PwBD Medical Board to Dr. Deepak Kumar for MBBS Admission regarding Admission Schedule on above said days during reporting at Devipur Campus
7.	Administrative Officer	1. Giving details of Notary Public & Bank Personnel to be given for DD & their facilitation. 2. Convey supervisor of security for deployment of 2 male and 2 female security guards inside LT-4 around the clock in above said admission dates
8.	Jr. Engineer (Electrical)	For uninterrupted power supply and electrical issues (if any) in LT-4, Ground Floor, Academic Building, AIIMS Devipur during Admission
9.	Accounts Officer	For clarifications/ query regarding payment regarding DD/ NEFT (if any)

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**Appendix– 1: Specified Disability Clause**

A SCHEDULE is annexed regarding, “SPECIFIED DISABILITY” clause of section 2, that states as under,

**1. Physical disability**

A. Loco motor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including—

(a) "Leprosy cured person" means a person who has been cured of leprosy but is suffering from—

(i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;

(ii) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

(iii) Extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly;

(b) "Cerebral palsy" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;

(c) "Dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;

(d) "Muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

(e) "Acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

**B. Visual impairment-**

(a) "Blindness" means a condition where a person has any of the following conditions, after best correction—

(i) total absence of sight; or

(ii) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or 92

(iii) Limitation of the field of vision subtending an angle of less than 10 degree.

(b) "Low-vision" means a condition where a person has any of the following conditions, namely: (i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections or

(ii) Limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

**C. Hearing impairment –**

(a) "Deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;

(b) "Hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

**D. “Speech and language disability”** means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.



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**2. Intellectual disability**, a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior which covers a range of every day, social and practical skills, including—

(a) "specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

(b) "autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviors.

**3. Mental behavior**,—"mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.

**4. Disability caused due to—**

**(a) Chronic neurological conditions, such as—**

(i) "Multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;

(ii) "Parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

**(b) Blood disorder—**

(i) "hemophilia" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;

(ii) "Thalassemia" means a group of inherited disorders characterized by reduced or absent amounts of hemoglobin.

(iii) "Sickle cell disease" means a hemolytic disorder characterized by chronic anemia, painful events, and various complications due to associated tissue and organ damage; "hemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.

**5. Multiple Disabilities** (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

**6. Any other category as may be notified by the Central Government.**

**Note:** Any amendment to the Schedule to the RPWD Act, 2016, shall consequently stand amended in the above schedule.

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(NEET-UG 2023) AIIMS Deoghar.**





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**स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)**  
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ANNEXURE 1

**List of Disability Certification Centres who will issue Disability Certificates as per NMC norms to PwD candidates in support of their claim to avail 5% PwD reservation in UG/ Broad Speciality PG Courses**

S/No.	Name of Disability Certification Centre	City/State	Specialities Available for which Disability Certificate can be issued as per category of Disabilities mentioned in Disability Certificate
1.	Vardhman Mahavir Medical College & Safdarjang Hospital (VMMC & SJH)	New Delhi	All Disabilities as mentioned in Disability Certificate except Visual disabilities category and Intellectual Disabilities & Behavioural disabilities.
2.	All India Institute of Physical Medicine and Rehabilitation (AIIPMR)	Mumbai	For Locomotor Disability only
3.	Institute of Post Graduate Medical Education & Research (IPGMER)	Kolkata	All Disabilities as mentioned in Disability Certificate
4.	Madras Medical College (MMC)	Chennai	All Disabilities as mentioned in Disability Certificate
5.	Grant Government Medical College, J.J. Hospital Compound	Mumbai, Maharashtra	All Disabilities as mentioned in Disability Certificate
6.	Goa Medical College	Goa	All Disabilities as mentioned in Disability Certificate except Speech Disability.
7.	Government Medical College, Thiruvananthapuram	Thiruvananthapuram, Kerala	All Disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophthalmology, Thiruvananthapuram under GMC Thiruvananthapuram
8.	SMS Medical College	Jaipur, Rajasthan	All Disabilities as mentioned in Disability Certificate except: 1. Neurology- Genetic Testing 2. ENT- Speech & Language Disability Testing Orthopaedics/ PMR- Gonitometer Adult. Plumb Line, Hand Dynamometer, Laser
9.	Govt. Medical College and Hospital, Sector 32	Chandigarh	All Disabilities as mentioned in Disability Certificate



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10.	Govt. Medical College, Agartala, State Disability Board	<b>Agartala/Tripura</b>	All Disabilities as mentioned in Disability Certificate
11.	Institute of Medical Sciences, Banaras Hindu University,	<b>Varanasi/ Uttar Pradesh</b>	All Disabilities as mentioned in Disability Certificate <b>except Intellectual Disability.</b>
12.	Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai	<b>Mumbai, Maharashtra</b>	For <b>Hearing Disabilities</b> only
13.	AIIMS, Nagpur	<b>Nagpur, Maharashtra</b>	All Disabilities as mentioned in Disability Certificate
14.	Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi. (ABVIMS & RMLH)	<b>New Delhi</b>	All Disabilities as mentioned in Disability Certificate <b>except ENT</b> <b>For Visual Disability:</b> Candidates who use LVAs may bring their own LVAs which can be checked.
15.	Lady Hardinge Medical College & Associated Hospitals (LHMC)	<b>New Delhi</b>	All Disabilities as mentioned in Disability Certificate
16.	All India Institute of Speech and Hearing (AIISH), Mysuru	<b>Mysuru, Karnataka</b>	For <b>Speech &amp; Hearing Disabilities</b> only



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ANNEXURE 2

**CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS**

(As per MCI Gazette Notification No.MCI-18(1)/2018-Med./187262 dated 5<sup>th</sup> Feb, 2019/14<sup>th</sup> May, 2019 for admission to Medical Courses in All India Quota)

**Certificate No.:**

**Certificate Date: 00-xx-2023**

<b>Name of the Designated Disability Certification Centre</b>				<b>PHOTOGRAPH</b>
<b>This is to certify that Dr. /Mr./Ms.</b>				
<b>Age</b>		<b>Son/Daughter of Mr.</b>		
<b>NEET Roll No.</b>		<b>Rank No.</b>		

**Has the following Disability**

Disability Details				
Sr. No.	Disability Type	Type of Disability	Specified Disability	Disability %
1				

**Conclusion:** Based on quantification of Disability, the disability of candidate is between 40-80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/Dental courses and to avail 5% PwD reservation as per the NMC/MCI Gazette Notification.

Eligible for PwD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of Assistive devices in case of Locomotor\*/Visual\*/Hearing\* Impairment, if any. No

**Sign & Name:**

**Sign & Name:**

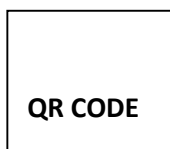
**Sign & Name:**

**Assistant Professor**  
**Neurology**

**Associate Professor**  
**Orthopedics**

**Associate Professor**  
**Medicine**

**Disclaimer:** This certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected to diagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The candidate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.



Downloading Date: XX, XX, 20XX 00:00 PM





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ANNEXURE 3

1. I, \_\_\_\_\_, S/D of \_\_\_\_\_, Roll No: \_\_\_\_\_, Application No: \_\_\_\_\_ am applying for conversion of Category from Indian to NRI for the NEET-UG Counselling, 2023.
2. I have cleared NEET-UG Examination, 2023 and I am eligible for the Counselling.
3. I am well aware of the fact that once my category is converted from Indian to NRI in any of the Rounds of Counselling for NEET-UG, 2023, I will be treated as NRI for the remaining rounds as well.
4. Also, I know that if my category is converted from Indian to NRI, I will not be able to avail the benefit under Muslim Minority quota/Jain Minority Quota or any other Quota.
5. I am enclosing herewith the list of documents through e-mail:- (in the given order)
  1. Documents claiming that the sponsorer is an NRI (Passoport, Visa of the sponsorer).
  2. Relationship of NRI with the candidate as per the court orders of The Hon'ble Supreme Court of India in case W.P.(c) No. 689/2017-Consortium of Deemed Universities in Karnataka (CODEUNIK) & Ans. Vs Union of India & Ors. dated 22.08.2017.
  3. Affidavit from the sponsorer that he/she will sponsor the entire course fee of the candidate duly notarized.
  4. Embassy Certificate of the Sponsorer (Certificate from the Consulate).
  5. NEET Score Card of the candidate.

I solemnly state that the information furnished herein above is true to best of my knowledge and belief. If, any of the information furnished by me is found to be untrue/false/wrong, my candidature will be cancelled by the Competent Authority at any of the stages before/after/during of the NEET-UG Counselling, 2023 and I will not claim any right over the cancelled seat.

Date:

Name:

Place:

Signature:



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**UNDERTAKING**

I..... (Name of the Candidate), Roll No....., Rank No....., Category..... hereby declare & undertake that I have deposited the one time admission cum tuition fees of Rs. 5856/-, Rs. 10,500/- towards mess fees and Rs.1000/- one time Hostel Security Deposit in .....( Google pay/Phone pay/BHIM/IMPS) mode of payment which is apart from the Demand Draft/NEFT payment transaction as notified in the brochure of MBBS 2023 batch admission.

I hereby also declare that if the payment regarding the Google pay/Phone pay/BHIM/IMPS is not found in AIIMS Deoghar account, I will be liable to suitable action as deemed fit by the Competent Authority.

\_\_\_\_\_  
Signature of Parent:

Name of Parent:

Relationship with the student

\_\_\_\_\_  
Signature of Student:

Name of Student: