



All India Institute of Medical Sciences (AIIMS), Patna
(A statutory body under the aegis of Ministry of Health and Family
Welfare, GOI)
Phulwarisharif, Patna- 801507
Web site: www.aiimspatna.org

Postgraduate Admission Form (January 2019 Session)

1. Name of the PG student : _____
(In Block Letters)
2. Sex (Male/Female) : _____
3. Marital Status : _____
4. Father's/Husband's Name : _____
5. Date of Birth and Age : _____
6. Category (SC/ST/OBC/General): _____
7. Whether Physical Handicapped: Yes No
(Put ✓ in appropriate box)
8. PG Course : _____
9. PG Department : _____
10. Offer letter No. : _____
11. Rank : _____
12. Nationality : _____
13. Correspondence Address (In Capital letters):

Paste Recent
Passport
Size
Photograph

Telephone No Residence : _____
Guardian Name [Relationship]: _____
Guardian Telephone/Mobile No: _____

14. Permanent Address (In Capital Letters):

15. Particulars of examination passed (MBBS/BDS onwards):

| Name of Exam | Institute/College & University | Month & Year of Passing | % of Marks | No. of Attempts |
|------------------------|--------------------------------|-------------------------|------------|-----------------|
| MBBS/BDS | | | | |
| MD/MS/DNB/MDS / PhD | | | | |
| DM/MCh | | | | |



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16. Permanent Medical/Dental Registration No.: _____
(Provisional certificate will not be considered)
17. Permanent PG registration No : _____
18. Name of the State Medical Council : _____
19. Demand draft no (To be attached with the application) : _____
20. E-mail address (mandatory) : _____
21. Mobile No.(mandatory) : _____
-

For Office use

Name of PG Student : _____

Department : _____

PG Course : _____

PG Department : _____

PG Session : _____

Offer Letter No : _____

Rank : _____

Seat Allocation : _____

Counselling Round : _____

Reporting Date & Time : _____

Verifying Clerk

Dean, AIIMS Patna.

UNDERTAKING

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

Dated:

Thumb Impression

Left Thumb

(Signature of the student)



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Checklist of the original documents submitted to the Dean Office

Please tick in the box given below as proof of submission

| Sr. No. | Documents | Check list |
|--------------------|---|-------------------|
| 1. | Admission Fee Receipt No(Bank Draft) | |
| 2. | Photo ID Proof (Aadhar Card/PAN Card) | |
| 3. | Proof of Date of Birth (e.g.: matriculation certificate) | |
| 4. | All mark sheets of MBBS/BDS | |
| 5. | Mark Sheet of MD/MS (if applicable) | |
| 6. | MBBS/BDS Degree Certificate | |
| 7. | MBBS Attempt Certificate | |
| 8. | Permanent Medical/Dental Council Registration Certificate | |
| 9. | Permanent PG Registration Certificate (if applicable) | |
| 10. | MD/MS/DNB Degree Certificate (if applicable) | |
| 11. | DM/ M.Ch. Degree Certificate (if applicable) | |
| 12. | Caste Certificate (if applicable) | |
| 13. | OPH Certificate (if applicable) | |
| 14. | PG Offer Letter | |
| 15. | Admit Card | |
| 16. | Counselling Registration | |
| 17. | Medical Certificate of Fitness | |
| 18. | Undertaking/Declaration | |
| 19. | Affidavit of Anti-ragging | |
| 20. | Migration Certificate* | |
| 21. | Character Certificate* | |

* These documents should be submitted within six months of admission to the academic course.



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ADMISSION SLIP

No:

Date:

| Sr. No | Details of the PG Students | |
|-------------------|--|--|
| 1. | Name of the student | |
| 2. | Father/Husband Name | |
| 3. | PG Offer Letter | |
| 4. | Rank | |
| 5. | PG Course | |
| 6. | PG Department | |
| 7. | PG Session | |
| 8. | Category | |
| 9. | Fees Receipt Details Amount: Receipt No: | |
| 10. | Email ID | |
| 11. | Contact No | |

The details of the above PG student have been verified and he/she can join the concerned department of this institute as a regular full-time postgraduate resident. Concerned HoD should submit the joining report as soon as the student joins the department.

Dean

AIIMS Patna

Stamp/Seal

Date:



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JOINING REPORT

**Paste Recent
Passport
Size
Photograph**

To,
The HOD,
Department of _____,
AIIMS Patna.

Sub: Joining as postgraduate student

Ref: Admission to postgraduate course at AIIMS Patna for
Session.....

Sir,

Please refer to the Admission Slip No.....dated.....
regarding my admission to course in the subject of
..... at AIIMS Patna under category. I
agree to pursue the above course as a regular full time PG student for
the duration of the academic course. I have joined the above course on
.....(date)in the department of at AIIMS
Patna (BN/AN).

Yours faithfully,

Date:

(Signature)

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

**Certified that the above student has joined the department of
.....at AIIMS Patna as a wholetime regular student in
..... PG course on(date)BN/AN.**

Head of the Department
Stamp/Seal

Dean
Stamp/Seal



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MARITAL DECLARATION

I, Dr. _____ Son/Daughter of
Shri/Smt/Dr. _____ do hereby declare
that I am married/unmarried/divorced at present and do not have more
than one living wife/husband.

The name of my wife/husband is _____.

Date :

Signature

Place :

Name: