



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

ACADEMIC SECTION

INSTRUCTIONS FOR CANDIDATES FOR ADMISSION BATCH 2020

Admission for MBBS 2020 will start from Monday (09.11.2020) from 9 AM at Panchayat Training Institute, Daburgram, Jasidih, Deoghar, AIIMS Deoghar (Temporary Campus) till 13.11.2020 up to 5:00 PM.

Candidates selected are advised to see the Forms/ Documents in the Notice Section of the AIIMS Deoghar Website and report to Academic Section, AIIMS Deoghar"

Candidates are to attend physically for the admission process.

The Enclosed Document has been put up in the Notice Section Column of the AIIMS Deoghar Website.

"Instructions to Candidates for MBBS Admission 2020 to bring along with them-

1. Medical Examination done from any Governmental Institutions in prescribed Performa enclosed.
2. Affidavit signed by Notary in the prescribed Performa enclosed.
2. All Original Documents and Xerox copies mentioned in the Checklist.
3. Passport Size Photographs (Min. 5)
4. Demand Draft (mentioned in the Checklist of the performa enclosed)

Registrar
AIIMS Deoghar



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आरोग्यं परमं सुखम्

MBBS ADMISSION-2020 (CHECKLIST)

The following list of the documents needs to be produced in original for admission:-

1. Class 10th Mark Sheet
2. Class 10th Passing Certificate
3. Class 12th Mark Sheet
4. Class 12th Passing Certificate
5. Migration Certificate
6. Admit Card (Provided by NEET)
7. Allotment Letter (provided by NEET)
8. Registration Slip (provided by NEET)
9. Caste Certificate- Format attached (in case of SC/ ST/ OBC/ EWS/ candidates) & PWBD certificate (Wherever required)
10. Five Passport Size Coloured Photograph
11. Admission fees: Rs 5856/- (Demand Draft in favour of All India Institute of Medical Sciences (AIIMS) DEO payable at AIIMS Patna)
12. Mess fee Rs 10,500/- (Demand Draft in favour of Mess Account AIIMS Deoghar payable at Deoghar)
13. Signed Affidavit by parent/ guardian and student regarding anti-ragging (soft copy is available at AIIMS Deoghar website)
14. Signed Affidavit by parent/ guardian/ and student regarding attendance (Soft copy is available at AIIMS Deoghar website)
15. Medical Performa (to be filled by Govt. Institutions only)
16. Undertaking (soft copy is available at AIIMS Deoghar website) - [5 Enclosures]

**Registrar
AIIMS Deoghar**



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ACADEMIC SECTION

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

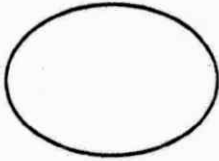
UNDERTAKING

A. I, _____ Son/Daughter of Sh _____
have qualified & secured (Rank) _____ I NEET Entrance held on 13th Sept. 2020.

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

C. I also undertake that all my **Original Certificates** (i.e. 10th Passed / Age proof, 12th Passed Mark sheet and Schedule Caste (SC) / Schedule Tribe (ST) / Other Backward Class (OBC)/ EWS and PWBD Certificate photograph, Left Thumb impression and signature are genuine.

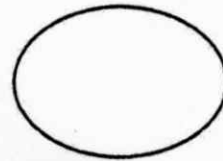
D. If any Certificate /declaration or any issue of my personal appearance in the examination/ identification is found to be false, then my candidature may be treated as cancelled at any time during the course.



Specimen's Signature

Name: _____

Address: _____



Left Thumb Impression

E-mail I.D & Mobile Number: _____

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



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ACADEMIC SECTION

Check List of Documents for MBBS Course at AIIMS, Deoghar for the session 2020-21

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	
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	

Registrar
AIIMS Deoghar



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ACADEMIC SECTION

1	Name of the Course	M.B.B.S.
2	Name of the Student in English (in Capital letter)	
3	Name of the Student in Hindi	
4	Father's Name, Occupation & Contact No.- Mother's Name & Occupation-	
5	Date of Birth (DD/MM/YYYY)	
6	Full Permanent Address	
7	Correspondence Address	
8	Nationality	
9	Religion	
10	State of Domicile (Domicile certificate)*	
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 *	
15	Domicile certificate	

* Preferred communication mode for future correspondence

SIGNATURE OF THE CANDIDATE



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ACADEMIC SECTION

UNDERTAKING

I.....

Son/Daughter of

have passed NEET Entrance Examination 2020.

My Rank in the NEET Entrance Examination 2020 is

I certify that all my **Originals Certificates** (i.e. 10th Passed/Age proof, 12th Passed Marks Sheet and Scheduled Caste/Scheduled Tribe (SC/ST)/Other Backward Class (OBC) are authentic.

If any found false, then my candidature may be treated withdrawn/cancelled at any time during the MBBS course.

Name.....

Signature of the Candidate.....

Signature of the Parent/ Guardian.....

Address:

.....

.....

.....



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ACADEMIC SECTION

UNDERTAKING FOR DOCUMENT DEPOSITION

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

with entrance examination Roll Number..... for MBBS course at AIIMS Deoghar 2020 batch, will submit following documents within 15 day/ 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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ACADEMIC SECTION

APPLICATION FOR THE CHANGE OF INSTITUTE

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

have taken admission for MBBS course at AIIMS Deoghar 2020 batch, and I am interested for the 2nd counselling at MCC NEET. Please do the needful.

Date:.....

Signature of Student

CERTIFICATE OF STATEMENT

The above candidate had been given admission at our Institute AIIMS, Deoghar 2020 batch, allotted through 1st round of counselling held by MCC NEET. The original certificate and Course Fee are deposited with us. He/She is allowed to participate for the 2nd round of counselling from 18th November 2020 at MCC NEET.

Registrar
AIIMS, Deoghar



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ACADEMIC SECTION

APPLICATION FOR THE CHANGE OF INSTITUTE

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

have taken admission for MBBS course at AIIMS Deoghar 2020 batch, and I am interested for the Mop-up round of counselling at MCC NEET. Please do the needful.

Date:.....

Signature of Student

CERTIFICATE OF STATEMENT

The above candidate had been given admission at our Institute AIIMS, Deoghar 2020 batch, allotted through 2nd round of counselling held by MCC NEET. The original certificate and Course Fee are deposited with us. He/She is allowed to participate for the Mop-up round of counselling from 10th December 2020 at MCC NEET.

Registrar
AIIMS, Deoghar



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ACADEMIC SECTION

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, 2020 batch, on..... Following Original Documents
of the Candidate are submitted in the Academic section of AIIMS.

1. 10th Mark sheet
2. 10th Certificate
3. 12th Mark sheet
4. 12th Certificate
5. Caste/Tribe/OBC/Handicap/EWS Certificate (for reserved category)
6. Migration Certificate/Transfer Certificate
7. Character Certificate
8. Affidavit & if any other certificate

Date:

Registrar
AIIMS, Deoghar



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No:

Date:

BONAFIDE CERTIFICATE

This is to certify that Mr. /Miss.....

Son/Daughter of ID No.....

Has been provisionally admitted to this institute for MBBS course for the academic year 2020-21

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

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

Registrar

AIIMS Deoghar



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ACADEMIC SECTION

MEDICAL EXAMINATION REPORT

NAME OF THE CANDIDATE:

NAME OF THE COURSE:

ENTRANCE EXAMINATION ROLL NO.:

ADDRESS (Permanent):

.....
.....
.....

SESSION: Aug 2020

Photo box

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

.....



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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. State your DOB and birth place:
3. Are you? Single/Married/Widow/Widower:
4. Name any major disease you have suffered from:
5. Are you being treated for any disease at present:
6. Have any of your near relations been afflicted with insanity, tuberculosis, diabetes mellitus, allergic disorders, gout, excessive bleeding:
7. Are you allergic to any substance /drug:
8. Have you been immunized against the mentioned diseases (strike off whichever is not applicable)
 - a) Hepatitis B: Yes/No
 - b) Polio: Yes/No
 - c) Diphtheria: Yes/ No
 - d) Tetanus: Yes/ No
 - e) Tuberculosis: Yes/ No
 - f) 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.



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Name of the Candidate:

Physical Examination (Tick wherever appropriate)

General Appearance	Good	Fair	Poor
Height (without shoes) (in cm)			
Weight (without shoes) (in kg/Pounds)			
Pulse (rate/minute)			
Blood Pressure (mmHg) Systolic/Diastolic			
Oral Hygiene	Good	Fair	Poor
Skin (Any obvious disease)	Yes	No	
Cyanosis	Present	Absent	
Pallor	Present	Absent	
Icterus	Present	Absent	
Pedal Edema	Present	Absent	
Clubbing	Present	Absent	
Any obvious abnormality of the locomotor system	Yes	No	
Any obvious gynecological abnormality* & LMP	Yes	No	

- Applicable to women candidates

Vision

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

Angle- Squint axis

Hearing

	Normal	Abnormal
Left Ear		
Right Ear		

• Department of Surgery :-



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Name of the Candidate:

Investigation (Attach All Reports)

1. Ref. No. for Urine sample:
2. Ref. No. for Blood sample:
3. Ref. No. for Chest X-ray:

Two Identification mark

1.
2.

FINAL ASSESSMENT OF THE BOARD

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

1. Fit for pursuing the course: Fit ☐ Unfit ☐
2. Unfit for pursuing the course on account of:.....
.....
.....
.....
3. Temporarily unfit on account of:.....
.....
.....
.....

1. Signature of Member 2. Signature of Member 3. Signature of Member 4. Signature of Member

Date:

Page no.10



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ACADEMIC SECTION

UNDERTAKING

I.....

Son /daughter of Shri.....

have passed MBBS Entrance Examination NEET-UG, 2020 held on _____, 2020.

My Rank in the Entrance Examination was

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

Name:.....

Signature of the Candidate:.....

Address:.....

.....

.....



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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 Director and several authorities of the AIIMS who may be vested with the authority to exercise discipline under the Acts, the Statutes, 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:.....

(Parents Aadhar Card and Pan No. to be attached)



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ACADEMIC SECTION

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.
(SC/ST) 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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ACADEMIC SECTION

FORM FOR STUDENT IDENTITY CARD

Space for pasting one
colour passport size
photograph (3.5 X
3.5cm) against white
background Name &
DOB DD/MM/YYYY

1.	Name	
2.	Course	
3.	Academic Session	
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.	Page No.
18.	Date of Issue	
19.	Valid Up to	
20.	Student Id	
SIGNATURE OF REGISTRAR		

** This form has to duly filled and submitted to Office of Registrar in Academic Section*



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ACADEMIC SECTION

No: _____

Date: _____

Candidate Copy

PROVISIONAL ADMISSION LETTER

Signature of the Candidate: _____

Affix Coloured
Passport Size
Photos Here (Front
face against white
background)

Name & DOB-
DD/MM/YYYY

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 2020 session at AIIMS Deoghar.

He/ She have been provisionally selected for admission to MBBS Course at AIIMS Deoghar (1st /2nd /MOP-UP Round of MCC) for the year 2020-21 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):.....

Fees (Submitted/Pending):

Registrar
AIIMS Deoghar

Date: _____

Copy to-

1. Executive Director, AIIMS Deoghar
2. Faculty I/C Academics, AIIMS Deoghar
3. DDA, AIIMS Deoghar
4. FCAO, AIIMS Patna
5. Office copy, Academic Section



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ACADEMIC SECTION

FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY

NO.F...../2020HOSTEL

DATED:.....

To,
The Faculty in charge of Hostels,
AIIMS, Deoghar- 814142

**AFFIX
PASSPORT SIZE
PHOTOS HERE
Color Front face
against white
back ground
Name &DOB-**

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 admission 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/widow



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(An Institution of National Importance under Ministry of Health & Family Welfare)

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15. Source of financial support (e.g.Scholarship/Stipend etc.) during stay in the Hostel _____
16. Hostel Security of Rupees _____
17. Receipt No. _____ Dated _____

Students should claim their security money deposit within 3 years after completion of tenure, failing which it will be forfeited."

This application should be forwarded by the Faculty in charge Hostels and the joining report (duty signed by the Registrar) should be attached.

DECLARATION:

- A. I Agree to abide by the hostel rules and regulation, in force, regarding the allotment of Hostel Accommodation and the use of the hostel room.
- B. I, further state that I will abide by all such orders as may be issued from time to time by the Superintendent of Hostels and on his behalf by an appropriate authority.

Yours faithfully,

(.....)

Signature of the Student

Hostel Name.....

Room No.....

P.T.I Campus,

AIIMS Deoghar

Signature of Parent/Guardian

Aadhar Number

FOR HOSTEL OFFICE USE ONLY

Mr./Mrs has been allotted Room No.
in Boys/Girls Hostelw.e.f.

Signature of Warden of Hostels

Signature & Stamp of Faculty in Charge of Hostels

*** This form after duly signed is to be submitted to Office of Registrar in the Academic Section.**

Signature & Stamp of Registrar (Academic Section)

UNDERTAKING

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 Director, AIIMS Deoghar
- The 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/authorized 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 others.
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.
20. Smoking cigarette, 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 boys hostel / and male in the girls hostel without permission of competent authority.

Signature of Candidate

Signature of Parent / Guardian

24. Any act of indiscipline / commission leading to non-bailable warrant.
25. Any act of Ragging .
26. Any act leading to criminal intimidation or offence / tendency for violent behavior 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 for a certain period
5. Permanent expulsion from hostel
6. Expulsion from the Institution
7. FIR / Police action

Signature of Candidate
(I /Me)
Name:

Signature of Parent / Guardian
Name:

Address:

Witness:
Name
Address



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
ACADEMIC SECTION

ANNEXURE-I

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

I

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

Resident of

Do Hereby solemnly affirm declare as under:

1. That I am a student of MBBS at All India Institute of Medical Sciences (AIIMS), Deoghar, Jharkhand.
2. That I Have received and gone through and understood the AIIMS's Regulation/Directive for Banning Ragging and Anti-Ragging Measures in accordance with the AIIMS vide its letter No.F.8-1/2012.Acad-II dated 24th May,2012, on curbing the menace of Ragging, to be followed by all the student of the AIIMS.
3. I hereby solemnly affirm that
 - I will not indulge or involve myself in any behavior or act that may come under the definition of ragging.
 - I will not participate in or abet or propagate ragging in any form.
 - I will not hurt anyone physically or psychologically or cause any other harm.
4. I have fully understood that if found indulging or guilty of any aspect of ragging within or outside AIIMS Campus, I may be punished as per the provision of the AIIMS Regulations/Directive mentioned above and /or as per the law in force and for which I will be solely responsible and shall not claim and compensation whatsoever from the AIIMS or its office bearers.

Deponent
Signature of the Student

VERIFICATION: Verified at.....on
thisDay of2020, that the above affidavit is
true and correct.

Name:

Address & Contact No:

Deponent

Signature of the Student



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
ACADEMIC SECTION

ANNEXURE-II

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./Mrs. _____
2. Student of MBBS at All India Institute of Medical Sciences (AIIMS), Deoghar, Jharkhand.
3. That I have gone through and fully understood the AIIMS Regulation /Directive for Banning Ragging and Ant-Ragging Measures in accordance with the AIIMS order vide its letter No.F.8-1/2012.Acad-II dated 24th -May 2012, on curbing the menace of Ragging, to be followed by all the students of AIIMS.
4. I assure you that my son / daughter/ ward will not be involved or indulge in any act of ragging that may come under the definition of ragging.
5. I have fully understood that in case my son / daughter /ward will be found indulging or involved in Ragging within or outside the premises of the AIIMS, he/ she shall be appropriately punished according 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 _____ 2020, 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)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारत सरकार/ Government of India

AFFIDAVIT BY THE PARENT
(ON Rs. 10/-STAMP PAPER)

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

1. I say that my son/daughter has Passed.....Exam
from.....(name of college/
university) in(month).....(year) and since then he/she did not enroll his/her
name in any college / Institute / University and / or elsewhere as a regular student during his/her gap due
to.....(state reason).
2. I say that now he/she wishes to continue further studies. I understand that his/her 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 his/her gap period in Education and enable them to condone the gap period and give
her/him admission in their university so that he/she 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 the time of admission process in AIIMS Deoghar (PTI Daburgram Jasidih
Deoghar)

Solemnly Affirmed At Deoghar.

Signature of parent

Thisth Day of..... (month),(Year)

Deponent.

Explained & identified by me.

Before Me.

Signature of Notary



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

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).
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 the time of admission process in AIIMS Deoghar (PTI Daburgram Jasidih
Deoghar)

Solemnly Affirmed At Deoghar.

Signature of applicant

Thisth Day of..... (month),(Year)

Deponent.

Explained & identified by me.

Before Me.

Signature of Notary



All India Institute of Medical Sciences, **Deoghar**

AIIMS, Deoghar is “Ragging free”, and all required measures have been taken to make it so.

In case of any inconvenience / difficulty you can contact –

S.No.	Name	Mobile No.
1.	Dr. Manoj Kumar Saurabh , Chairperson , Anti-ragging Committee	7043010903
2.	Mr. Amrendra Kumar Deputy Director Administration	9431140605
3.	Dr. Ajay Patel Administrative officer	8860342412
4.	Dr. Sanjay Kumar Faculty In-charge Boys Hostel	8809865189
5.	Dr. Urmila Sinha Faculty In-charge, Girls Hostel	8475000257
6.	Dr. Anandakumar Pandi Faculty In-charge, student welfare	9790941937

Prof.(Dr.) Saurabh Varshney
Executive Director
Ph:06432-295052