

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR

Hyderabad Metropolitan Region, Telangana - 508126

अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर,
हैदराबाद मेट्रो पोलिटन क्षेत्र, तेलंगाना – 508126



ADMISSION PROCEDURE STEPS

Entry in AIIMS Bibinagar Hyderabad Campus



New Academic Block 4th Floor-Registrar Office



Proceed to Out-chamber waiting area



**Entry to In -chamber - only candidate with
all essential documents in the checklist**



**Complete Documents verification & submission with Undertaking of
Anti-ragging and payment of Admission Fee**



You will receive Document submission receipt & Fee Receipt



**Complete Medical Fitness Evaluation in case you are
not having Medical Fitness Certificate by
Institute Medical Board (OP block building)**



**Submission of Medical Fitness Certificate in academic wing
In -chamber New Academic Block 4th Floor-Registrar Office**



You will receive Admission Confirmation Certificate



**Yay...Your admission procedure complete.....
WELCOME to AIIMS BIBINAGAR FAMILY
You will be notified about Hostel allotment and starting of college academics.....**

PERSONAL INFORMATION

NAME OF THE STUDENT

ROLL NO-.....

RESIDENTIAL ADDRESS:

.....

.....

.....

HOSTEL ROOM NUMBER (IF HOSTELITE)

MOBILE NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--

PERMANENT ADDRESS:

.....

.....

.....

PHONE NUMBER OF PARENT / OR GUARDIAN /-----

BLOOD GROUP:

AADHAR CARD NUMBER:.....

Annexure -II



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA

अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन क्षेत्र (एच एम आर), तेलंगाना – 508126, भारत

CHECKLIST FOR VERIFICATION OF DOCUMENTS

S.No	Documents	YES/NO	Remarks
1.	Class 10 th marks sheet		
2.	Class 10 th passing certificate		
3.	Class 12 th marks sheet Subject: English, Physics, Chemistry & Biology (Marks Obtained-----out of -----%) <u>Minimum Marks:60% for Gen/OBC/EWS Category</u> <u>50% for SC/ST Category</u>		
4.	Class 12 th passing certificate		
5.	Migration certificate /Transfer Certificate		
6.	Date of Birth Certificate(if Metric Certificate does not bear the same) Born on or after <u>31-12-2007</u> are NOT ELIGIBLE		
7.	Admit card (provided by NTA New Delhi)		
8.	Result Rank letter issued by NTA		
9.	Registration slip (provided by MCC new Delhi)		
10.	Allotment letter (provided by MCC new Delhi)		
11.	Caste certificate (in case SC/ST/OBC/EWS candidates (whenever required)		
12.	Disability certificate(PWBD)		
13.	Eight passport size color photograph		
14.	Admission fee; Rs 5,856/- (bank draft/ cash receipt/NEFT/Debit Card)		
15.	Signed affidavit by parents / guardian and student regarding anti-ragging (soft copy is available at AIIMS Bibinagar website)		
16.	Current email id		
17.	Mobile No		

Photo

Name of candidate

Signature of candidate

Note: kindly also refer to website of MCC

**<https://mcc.nic.in/UGCounselling/> for any other instruction as per option
chosen**

Above mentioned original certificate verified by -

Admission officials -

Name

Signature

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Annexure -III

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA

अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर
हैदराबाद मेट्रोपॉलिटन क्षेत्र (एच एम आर), तेलंगाना – 508126, भारत

DOCUMENT RECEIPT

This is to certify that following Original /Xerox documents of
Mr/Ms
Roll No. Reg. No.....
Rank S/D/o..... Are deposited in AIIMS
Bibinagar in compliance with legal provisions regarding admission in MBBS 2024
counselling Round:_____

	Documents	Yes/No	Remarks
1.	Class 10 th marks sheet		
2.	Class 10 th passing certificate		
3.	Class 12 th marks sheet		
4.	Class 12 th passing certificate		
5.	Migration certificate/ Transfer Certificate		
6.	Date of Birth Certificate(if Metric Certificate does not bear the same) 17 Years of age at time of Admission / on or before 31st Dec 2024		
7.	Admit card (provided by NTA New Delhi)		
8.	Result Rank letter issued by NTA		
9.	Registration slip (provided by MCC new Delhi)		
10.	Allotment letter (provided by MCC new Delhi)		
11.	Caste certificate (in case SC/ST/OBC/EWS candidates) & Disability certificate (whenever required)		
12.	Willing for participation in next round		

Note: kindly also refer to website of MCC
<https://mcc.nic.in/UGCounselling/> for any other instruction as per option
chosen

Issue Date: _____

File No: _____

Registrar
AIIMS Bibinagar

Dean(Academics)
AIIMS Bibinagar



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA

अखिलभारतीय आयुर्विज्ञान संस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन क्षेत्र (एच एम आर), तेलंगाना – 508126, भारत

Affidavit format non-judicial stamp paper of Rs. 10/- or above and notarized
I, ... son/daughter of hereby solemnly affirm that the following statements made by me are true to the best of my knowledge and belief that

1. I am a citizen of India.
2. I have completed 17 years of age on /will be completing 17 years of age on
3. I fulfill the eligibility criteria as specified in the prospectus.
4. I have studied and understood the rules governing admission procedure, fee structure and agree to abide by these rules.
5. If admitted to AIIMS Bibinagar, I will abide by all its rules and regulations framed time to time regarding discipline, attendance, examinations and patient care etc. I understand that failure to comply with the rules and regulations may invite disciplinary action from the Institution authorities.
6. I will not involve myself in any action of ragging during the course of my education at AIIMS Bibinagar. I understand that involvement in ragging is a cognizable offence and it will result in police action and would result into cancellation of my admission to the course.
7. I will not be using any motorised vehicle (bike & car) in the campus of AIIMS Bibinagar. I understand that if found using the vehicle, it will be confiscated

Name of the
candidate:

Date:

Place:

Left Thumb Impression of the
Candidate

I, ... The father /mother/guardian of
..... an applicant for admission to MBBS/
Nursing course at AIIMS, Bibinagar, hereby solemnly affirm that all the above
statements made by my son/daughter/ward are true to the best of my knowledge and
belief. I will be responsible for his/her conduct.

Name of the Parent/guardian:

Relationship to candidate:

Date:

Address with Phone No. and Email -

Signature of the Parent/Guardian

Left Thumb Impression of the
Parent/Guardian



ANRI-RAGGING UNDERTAKING BY THE STUDENT

1. I, ...S/O I D/O having been admitted to AIIMS Bibinagar Hyderabad , have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the Regulations) carefully read and fully understood the provisions contained in the said Regulations .

2. I have, in particular perused clause 3 of the Regulations and am aware as to what constitutes ragging

3. I have, in particular perused clause 3 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty for abetting ragging, actively or passively, or being part of a conspiracy to promote ragging

4. I hereby solemnly aver and undertake that I will not indulge in any behavior or act that maybe constituted as ragging under clause 3 of the Regulations. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations

5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations , without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of , abetting or being part of a conspiracy to promote, ragging ; and further affirm that, in case of declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared on

Signature of Deponent

Name:

VERIFICATION - Verified that the contents of this undertaking are true to the best of my knowledge and no part of the undertaking is false and nothing has been concealed or misstated therein.

Signature of Deponent



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA

अखिलभारतीय आयुर्विज्ञान संस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन क्षेत्र (एच एम आर), तेलंगाना - 508126, भारत

Reference Number - 2141707

UNDERTAKING BY PARENT/GUARDIAN

1. I, ----- father/mother/guardian of, -----
having been admitted to AIIMS Bibinagar Hyderabad, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the Regulations) carefully read and fully understood the provisions contained in the said Regulations .

2. I have, in particular perused clause 3 of the Regulations and am aware as to what constitutes ragging

3. I have also, in particular perused clause 7 and clause 9.1 of the Regulations and am fully aware of the the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging

4. I hereby solemnly aver and undertake that My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations

5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law for the time being in force

6. I hereby declare that my ward has not been expelled or declared from admission in any institution in the country on account of being guilty of, abetting or being part of a conspiracy to promote, ragging ; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled

Declared on -----

Signature of deponent -----

Name :

Address :

VERIFICATION - Verified that the contents of this undertaking are true to the best of my knowledge and no part of undertaking is false and nothing has been concealed or misstated therein.

Signature of deponent-----

Annexure - VI

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This is to certify that Shri/Shrimati/Kumari*
son/daughter* of of village/town*
..... in District/Division*
..... of
the
State/Union Territory* belongs to the
caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe*
under:—

@ The Constitution (Scheduled Castes)
Order, 1950 @ The Constitution
(Scheduled Tribes) Order, 1950

@ The Constitution (Scheduled Castes) Union
Territories Order, 1951 @ The Constitution (Scheduled
Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List
(Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the
Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act,
1970, the North Eastern Areas (Reorganisation) Act, 1971, the
Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976.,
the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986
and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

@ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956

@ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes
Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes
Order (Amendment) Act, 1976

@ The Constitution (Dadar and Nagar Haveli) Scheduled
Castes Order, 1962 @ The Constitution (Dadar and Nagar
Haveli) Scheduled Tribes Order, 1962 @ The Constitution
(Pondicherry) Scheduled Castes Order, 1964

@ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967

@ The Constitution (Goa, Daman and Diu) Scheduled
Castes Order, 1968 @ The Constitution (Goa, Daman and
Diu) Scheduled Tribes Order, 1968 @ The Constitution
(Nagaland) Scheduled Tribes Order, 1970

@ The Constitution (Sikkim) Scheduled Castes Order, 1978 @ The
Constitution (Sikkim) Scheduled

Tribes Order, 1978

@ The Constitution (Jammu & Kashmir) Scheduled
Tribe Order, 1989 @ The Constitution (SC) Order

(Amendment) Act, 1990

@ The Constitution (ST) Order (Amendment) Act, 1991

@ The Constitution (ST) Order (Second Amendment) Act, 1991

@ The Scheduled Castes and Scheduled Tribes Orders

(Amendment) Act 2002 @ The Constitution (Scheduled
Castes) Order (Amendment) Act, 2002

@ The Constitution (Scheduled Castes and Scheduled Tribes) Orders
(Amendment) Act, 2002

@ The Constitution (Scheduled Castes) Orders (Second Amendment) Act,
2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes
persons who have migrated from one State/Union Territory
Administration to another.

This certificate is issued on the basis of the Scheduled
Castes/Scheduled Tribes certificate issued to

Shri/Shrimati*

Father/Mother

of

Shri/Shrimati/Kumari

of

village/town*

..... in District/Division*

of the

State/Union Territory*

who

belongs to the caste/tribe* which is recognised as a

Scheduled Caste/Scheduled Tribe in the State/Union Territory* of

.....

issued by the dated

% 3. Shri/Shrimati/Kumari*

and/or*

his/her*

family

ordinarily resides in village/town*

of

..... District/Di

vision*

of the State/Union Territory* of

Signature

**Designation

(With Seal of Office) State/Union Territory*

Place: Date:

*Please delete the words which are
not applicable. @ Please quote
specific

Presidential Order.

% Delete the paragraph which is not applicable.

NOTE: The term “ordinarily reside (s)” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

****List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.**

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner. †(not below of the rank of 1st Class Stipendiary Magistrate).**
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.**
- (iii) Revenue Officers not below the rank of Tehsildar.**
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.**
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)**

Annexure - VII

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kumari_____son/daughter of
_____ of _____ village/town
_____ in _____ District/Division
_____ in the State/Union Territory _____
belongs to the _____ community which is
recognised as a backward class under the Government of India, Ministry
of Social Justice and
Empowerment's Resolution No. _____ dated
_____. * Shri/Smt./Kumari _____ and /or
his/her
family ordinarily reside(s) in the _____ District/Division of
the _____ State/Union Territory. This is also to certify
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 8.9.1993, OM No. 36033/3/2004-Estt. (Res) dated 9th March, 2004,
O.M. No. 36033/3/2004-Estt. (Res) dated 14th October, 2008 and O.M. No.
36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Signature _____

Designation _____

Dated: _____

Seal: _____

***- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.**

**** - As amended from time to time.**

\$ - List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

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 :

Recent
passport size
attested
photograph of
the applicant

Designation.....

***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.**



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
BIBINAGAR, HYDERABAD
METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA**

अखिल भारतीय आयुर्विज्ञान संस्थान बीबीनगर
हैदराबाद महानगरीय क्षेत्र (एच एम आर) तेलंगाना-508126, भारत
OFFICE OF THE CHIEF HOSTEL SUPERINTENDENT

App No. _____

HOSTEL APPLICATION FORM

BH/GH
PG (Ma)/(Un)

Admission for the Year 20__

Hostel fee Paid: INR, _____ Date of Payment: _____ TXS No. _____
FOR OFFICE USE ONLY.
HOSTEL ALLOTMENT DETAILS
Date of Allotment: _____ Hostel Allotted: _____ Room Number: _____
Mess Card/ID No.: _____ Remark: _____
Dealing Assistant _____ Approved by Hostel Warden. _____

Please write in CAPITAL LETTERS only & Tick "√" wherever applicable.

Name of the Student: _____

Father's / Guardians Name: _____

Mothers Name: _____

Gender: Male ☐ Female ☐ Others ☐

Date of Birth:

D		M		Year	
---	--	---	--	------	--

Course & Department: _____

Category: Gen ☐ SC ☐ ST ☐ OBC ☐ EWS ☐ PWD ☐

Nationality : _____ Blood Group: _____

Email Id: _____ Contact No. _____

Aadhar No: _____

Recent
passport size
Photo to be
affixed

Address for Correspondence :	Permanent Address:
Contact No:	Contact No:
Emergency Contact No.: Relationship:	

* If any change in the contact details of the Parents/ Guardian should be intimated to the Hostel Office.

Name of Local Guardians : _____

complete address _____

: _____ Contact NO.: _____

_____.

STUDENT MEDICAL DECLARATION FORM

A. Please mark each response individually

❖ Are you suffering or have you in the past suffered from any of the following:

- | | |
|--|--------|
| 1. Epilepsy (Fits) | YES/NO |
| 2. Psychiatric (Mental) Disturbances | YES/NO |
| 3. HIV/Hepatitis 'B' | YES/NO |
| 4. History of Asthma / Respiratory Problem | YES/NO |
| 5. History of Cardiac Problem | YES/NO |
| 6. History of Skin disease | YES/NO |
| 7. History of Menstrual disorder (For Girls) | YES/NO |
| 8. Past History of surgery (Details, if any) | YES/NO |
| 9. Stomach Ulcers/Gastrointestinal disorders | YES/NO |

B. Are you under treatment or have you in the past taken treatment for any disease or disorder for three months or longer? If "YES",

Please give details: Disease: _____

Medicines taken: _____

C. Did you suffer from any physical disability? YES/NO If "YES"

Please give details _____

D. Are you allergic to any medications, food, or other substances? YES /NO

If Yes, Please
list: _____

I/ We hereby declare that the information provided above is correct to the best of my/our knowledge.

Place:

Date:

Signature of the Student

Signature of the
Parent/ Guardian

SOLEMN DECLARATION.

1. I solemnly declare that the information given above is true to the best of my knowledge and belief and that nothing has been concealed. In case, it is found at any stage that any information has not been given correctly or some material facts have been concealed, I am liable for eviction from the Hostel besides other actions which institution may deemed fit to impose against me.
2. I have sought admission with the consent of my parents/Guardian.
3. I hereby undertake that:
 - (a) I will NOT indulge in any behavior or act that may come under the definition of ragging.
 - (b) I will NOT participate in or abet or propagate ragging in any form.
 - (c) I will NOT hurt anyone physically or Psychologically or cause any other harm.

4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provision of the AIIMS Bibinagar Rules and Regulations and/or as per the law in force.
5. I declare that I have read rules and regulations for hostels of the institute and I understand to abide by all rules/regulations and instructions in force and those issued by the Hostel/Institutional authorities from time to time regarding maintenance of discipline, behavior, conduct and my stay in the Hostel.
6. I hereby authorize the wardens of the Hostel concerned to give consent on my behalf for any Medical or Surgical emergency situation.
7. I shall willingly pay the hostel fee and other charges as fixed by the Government from time to time.
8. I shall vacate the room and leave the Hostel after the studies for which I have taken admission/ as and when required by the authority.

Date:

Place:

Signature of the Student

Signature of the
Parent/ Guardian

APPROVAL OF THE HOSTEL AUTHORITIES.

Signature of Hostel Addl. Superintendent/ Superintendent.

Signature of the Chief Hostel Superintendent.

Documents to be attached with this Application:

1. Photocopy of Fee Slip issued by the Institutions.
2. Identity Proof.
3. Identity proof of Patents.
4. A Copy of Physical Disabled (if applicable)