Annexure -II

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA
अखिलभारतीयआयुर्विज्ञानसंस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन क्षेत्र (एच एम आर), तेलंगाना - 508126, भारत

CHECKLIST FOR VERIFICATION OF DOCUMENTS

Photo

S.No	Documents	YES/NO	Remarks
1.	Class 10th marks sheet		
2.	Class 10th passing certificate		
3.	Class 12th marks sheet Subject: English, Physics, Chemistry& Biology (Marks Obtained-----out of------- %) Minimum Marks:55% for Gen/OBC/EWS Category) 50% for SC/ST Category		
4.	Class 12th passing certificate		
5.	Migration certificate/Transfer Certificate		
6.	Date of Birth Certificate(if Metric Certificate does not bear the same) Candidate born on or after 2nd January, 2007 is NOT eligible		
7.	Admit card (provided by New AIIMS Delhi)		
8.	Result Rank letter issued by AIIMS Delhi		
9.	Registration slip (provided by AIIMS New Delhi)		
10.	Allotment letter (provided by AIIMSDelhi)		
11.	Caste certificate (in case SC/ST/OBC/EWS candidates (whenever required)		
12.	Disability certificate(PWBD)		
13.	Eight passport size colour photograph		
14.	Admission fee; Rs 3,165/- (bank draft/ NEFT/Debit Card)		
15.	Signed affidavit by parents / guardian and student regarding anti-ragging (softcopy is available at AIIMS Bibinagar website)		
16.	Current email id		
17.	Mobile No		

Name of candidate **Signature of candidate**

Note: kindly also refer to website of AIIMS Delhi examination

http://www.aiimsexams.ac.in **any other instruction as per optionchosen**

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
अखिलभारतीयआयुर्विज्ञानसंस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन 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 B.Sc. Nursing 2023 counselling Round:_____

	Documents	Yes/No	Remarks
1.	**Class 10th marks sheet**		
2.	**Class 10th passing certificate**		
3.	**Class 12th marks sheet**		
4.	**Class 12th passing certificate**		
5.	**Migration certificate/ Transfer Certificate**		
6.	**Date of Birth Certificate(if Metric Certificate does not bear the same)**		
7.	**Admit card (provided by AIIMS New Delhi)**		
8.	**Result Rank letter issued by AIIMS New Delhi**		
9.	**Registration slip (provided by AIIMS New Delhi)**		
10.	**Allotment letter (provided by AIIMS 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 AIIMS Delhi examination

http://www.aiimsexams.ac.in any for any other instruction as per option chosen

Issue Date:_____

File No:_____

Registrar
AIIMS Bibinagar

Dean(Academics)
AIIMS Bibinagar

Annexure -IV

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA
अखिलभारतीयआयुर्विज्ञानसंस्थान, 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 arc true to the best of my knowledge and beliefthat

1. I am a citizen of India.
2. I have completed 17 years of age on ..... ./will be completing 17 years ofage 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 patientcare etc. I understand that failure to comply with the rules and regulations mayinvite 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 B.Sc. 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

Annexure -V

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126. INDIA
अखिलभारतीयआयुर्विज्ञानसंस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन क्षेत्र (एच एम आर), तेलंगाना - 508126, भारत

ANRI-RAGGING UNDERTAKING BY THE STUDENT

1. I, ...S/0 l 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 ----------

Annexure -VI

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

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----------