



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
Hyderabad Metropolitan Region, TELANGANA - 508126
अखिलभारतीयआयुर्विज्ञानसंस्थान,बीबीनगर,
हैदराबादमेट्रोपोलिटनक्षेत्र,तेलंगाना - 508126

रजिस्ट्रार का कार्यालय /OFFICE OF THE REGISTRAR

सांख्या/No: AIIMS/BBN/SS/Registrar/2025/ 1613

दिनांक/Date: 27 Dec 2025

**INSTRUCTIONS FOR REPORTING OF SUPERSPECIALITY (DM/M.CH) CANDIDATES
(JANUARY 2026 SESSION AND CHECKLIST FOR VERIFICATION OF DOCUMENTS FOR
ADMISSIONS AT AIIMS, BIBINAGAR)**

1. All the students who have exercised option A (Accepted the allotted seat) should get DD of Rs.125/-(Rupees One hundred twenty five rupees only) in the name of "The Executive Director, AIIMS, Bibinagar payable at Bibinagar at the time of reporting.
2. Original documents along with Demand Draft towards fee payable for Admission to be submitted while reporting are as follows:

Sl. No	Name of the Document
1.	Offer Letter
2.	Seat allocation Slip
3.	Final Registration Slip
4.	Admit Card issued by AIIMS
5.	Mark Sheets of MBBS/BDS 1st, 2nd and 3rd Professional Examinations.
6.	MBBS Degree Certificate.
7.	MD/MS Degree Certificate.
8.	Permanent/Provisional MBBS Registration Certificate issued by MCI /State Medical Council.
9.	Permanent/Provisional MD/MS Registration Certificate issued by MCI/ State Medical Council.
10.	High School/Higher Secondary Certificate/Birth Certificate as proof of date of birth. (Matriculation)
11.	SC/ST/OBC/EWS certificate issued by Competent Authority
12.	Affidavit
13.	Demand Draft towards fee payable for Admission
14.	Copies of the relevant documents



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Date:

CHECK LIST FOR VERIFICATION OF DOCUMENTS

Sl.No	Name of the Document	Yes/No	Remarks
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13.	Demand Draft towards fee payable for Admission		
14.	Copies of the relevant documents		

Name of the Candidate

Signature of the Candidate

Above mentioned original certificates verified by:

Admission Officials:

Name:

Signature

1.

2.



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Date:

DOCUMENT RECEIPT

This is to certify that the following Originals/Xerox documents of Mr/Ms.....
S/D/o Registration No..... Rank..... .Roll No.....are
deposited in AIIMS, Bibinagar In compliance with legal provisions regarding admission in to Jan Super
specialty 2026 counseling.

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रजिस्ट्रार /Registrar

डीन (अकादमिक)/Dean (Academic)
एम्स बीबीनगर/AIIMS, Bibinagr

Annexure-IV



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
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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 21 years of age on _____ /will be completing 21 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, examination and patient care etc... I understand that failure to comply with the rules and regulation may invitedisciplinary 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 motorized vehicle (bike & car) in the campus of AIIMS Bibinagar. I understand that if found using the vehicle it will be confiscated.

Name of Candidate:

Signature of Candidate

Date :

Place:

Left thumb Impression of the Candidate

I _____ The Father/Mother/Guardian of _____ an applicant for admission to PG (DM/M.Ch) Course at AIIMS, Bibinagar, hereby solemnly 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

Signature of Guardian

**Left thumb Impression of
the Candidate**