



**अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी**  
**All India Institute of Medical Sciences, Guwahati**  
स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक वैधानिक निकाय  
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)

Ref No- AIIMS-GHY/P-CON/2024/031

DATE-13-06-2024

**INTRODUCTION FOR CANDIDATES SEEKING ADMISSION AT AIIMS**

**GUWAHATI**

The Director, Principal, faculty and staff congratulate the students who will be obtaining admission in All India Institute of Medical Sciences (AIIMS), Guwahati. It will be our endeavor to ensure that, their transition from/to AIIMS< Guwahati is hassle free. It is advised to read the following instruction carefully before Admission.

**Programme for Admission process of BSc (Hons) Nursing, Batch 2024**

Officials	Date, Time and Venue
<b>Prof. (Dr) Unmona Borgohain Saikia Principal CON, AIIMS, Guwahati Ms. Sahanaz Aktar Laskar, Nodal Officer Ms.Hano Yumung, Nodal Officer Raushan Kumar , Stenographer</b>	<b>Date:15<sup>th</sup> July 2024 to 18<sup>th</sup> July,</b>

The admission will remain closed on 15-07-2024(Monday) and 18-07-2024 (Thursday).

**MANDATORY REQUIREMENT OF DOCUMENTS (IN ORIGINAL) DURING ADMISSION**

- Laboratory Test: At the time of reporting to the institute, student must bring latest X-Ray Chest (PA view) with his/her name mentioned in the X-Ray film, ECG, reports of CBC, Random blood sugar, Urine analysis, Blood group & Rh factor done at a Government/NABL accredited laboratory.**
- Original Bank Draft worth Rs. 3165/- (Three thousand, one hundred sixty-five only) from any Nationalized Bank in favor of AIIMS Guwahati, payable at Guwahati, SBI Branch Code 64360. Please write your Name Mobile No, All India Rank and email-id (In at the reverse of the Bank Draft. Hand-Written DD will not be accepted).**
- Offer letter**
- Seat allocation letter**
- Final registration slip**
- Admit Card issued by AIIMS.**
- Date of Birth Certificate or certificate from the board from which you passed the high school/higher secondary examination showing date of Birth.**
- Certificate of having passed the 10+2 examination showing the subject in the examination.**
- Mark sheet of 10+2 examination from the board from which you passed the same.**
- Caste Certificate showing that the student belongs to Schedule Caste/Scheduled Tribe/OBC (NCL)/EWS category (Applicable only if they have claimed in their application that they belong to the category) as per the prescribed format issued by the Government of India (For validity period of OBC\_NCL/EWS certificates candidate are advised to visit Website regularly). Formats as attached at Appendix F, G &H.**
- PWD Certificate from designated Disability Centre as per AIIMS guidelines (Format of disability certificate as per Appendix 1 from the Institutes as per Appendix J).**
- Self-attested copies of all certificates (One set)**
- 2 (two) sets of photocopies of the above documents (self-attested).**
- Current Passport size photograph (front facing) 5 copies.**
- CANDIDATE INFORMATION SHEET: (Appendix-A)**
- AFFIDAVIT FOR PARENT/ GUARDIAN on non- judicial stamp paper worth Rs. 10.00: (Appendix-B)**

17. **AFFIDAVIT BY THE STUDENT: on non-judicial stamp paper worth Rs. 10.00: (Appendix-c)**
  18. **DECLARATION BY THE CANDIDATE (Appendix-D, only for OBC Candidates)**
  19. **UNDERTAKING BY THE CANDIDATE (Appendix-E)**
  20. **All Candidates after reporting will undergo medical examination at AIIMS, Guwahati.**
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**NOTE: Documents 15-19 must be filled up completely and duly signed before submission.**

**Hostel: It is mandatory for students to stay in the hostel during the tenure of the course. Students should arrange the items like water jug, tumbler, plastic bucket mug, pillow, Bed sheet, Dustbins. Two locks to ensure a comfortable stay.**

**IMPORTANT: Please note the institute shall not reimburse any expenditure incurred by any student because of travel and maintenance in connection with your joining the Institute. The tentative date of commencements of classes will be notified in our website.**

**Keep checking our website [www.aiims-guwahati.ac.in](http://www.aiims-guwahati.ac.in) regularly for further update.**



**APPENDIX-A**  
**All India Institute of Medical Sciences, Guwahati**  
 (A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)  
 Website: [aiimsguwahati.ac.in](http://aiimsguwahati.ac.in)

**CANDIDATE INFORMATION SHEET**  
**PLEASE FILL UP THE FORM IN CAPITAL LETTER ONLY**

**NAME: (In CAPITAL LETTERS with Prefix SHRI./MS/MRS.):**

First Name																				
Middle Name																				
Last Name																				

Date of Birth																				
Gender																				
Religion																				
Caste																				
Category																				
AIR No.																				

Father's Name																				
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother's Name																				
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Address for Correspondence:**

House No.																				
STREET																				
AT/PO																				
Police Station																				
District																				
State																				
Pin Code																				

**Permanent Address:**

House No																				
STREET																				
AT/PO																				
Police Station																				
District																				
State																				
Pin Code																				

Aadhaar Card No.																				
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**Telephone Numbers (Mobile/Landline)**

	Mobile										Landline									
Candidate																				
Father																				
Mother																				

**Email ID: (In CAPITAL LETTERS)**

Candidate																				
Father																				
Mother																				

Parent Signature

Student Signature

**APPENDIX-B**

(On 10/- Non-Judicial stamp papers)

**AFFIDAVIT (For Parent/Guardian)**

1. I, \_\_\_\_\_ (full name of parent/guardian),  
father/mother/guardian of, \_\_\_\_\_ (Student Name)  
Anti-ragging Regd. No. \_\_\_\_\_ having been admitted to \_\_\_\_\_  
have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher  
Educational Institutions, 2009 (hereinafter called the Regulation) 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 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-
    - (a) My ward will not indulge in any behavior or act that may be constituted as ragging under  
clause 3 of the Regulations.
    - (b) 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 or any law for the time being in force.
  6. I hereby declare that my ward has 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 the declaration is found to be untrue, the admission of my  
ward is liable to be cancelled.
- Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

Signature of deponent  
Name:  
Address:  
Telephone/Mobile No:

**VERIFICATION**

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

Verified at (place) \_\_\_\_\_ on this the (day) of \_\_\_\_\_ (month) \_\_\_\_\_ (year) 20 \_\_\_\_\_

Signature of deponent

Solemnly affirmed and signed in my presence on this the \_\_\_\_ (day) of \_\_\_\_ (month) 20 \_\_\_\_ (year)

OATH COMMISSIONER

**APPENDIX-C**  
**AFFIDAVIT BY THE STUDENT**  
**(On 10/- Non-Judicial stamp papers)**

I, \_\_\_\_\_  
S/O, D/O, of Mr./Mrs. \_\_\_\_\_  
Resident of \_\_\_\_\_

1. Do hereby solemnly affirm and declare as under:
2. That I am citizen of India.
3. That I have completed 17 years of age on \_\_\_\_\_/ will be completing 17 years of age on \_\_\_\_\_.
4. That, I am joining as a student of MBBS/B.Sc. (Hons)Nursing/B.Sc. (Hons) Paramedical at All India Institute of Medical Sciences (AIIMS) Guwahati.
5. That I have gone through the contents and fully understood the AIIMS, Regulations/Directives for ragging and anti-ragging Measures in accordance with the AIIMS, Guwahati Office Order on curbing the menace of Ragging to be followed by all the students of AIIMS.
6. I hereby solemnly affirm that:
  - I will not indulge or involve myself in any untoward 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 to any other student.
7. 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 provisions of the AIIMS Regulations/ Directives mentioned above and / or as per the law in force for which, I will be solely responsible and shall not claim any compensation.

Deponent

Signature of parent

VERIFICATION: verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2023.

That the above affidavit is true and correct.

Name:

Address & Contact No:

Deponent

Signature of parent

**APPENDIX-D (Only for OBC candidates)**  
**DECLARATION BY THE CANDIDATE**

I, \_\_\_\_\_

Son/ Daughter of Sh. \_\_\_\_\_

Village/ Town/City \_\_\_\_\_

District \_\_\_\_\_

State \_\_\_\_\_, hereby declare that I belong to the Government of India for the purpose of reservation in service as per orders contained in Department of personnel and training Office memorandum No. 36012/2293. Estt. (SCT) dated/08.09.1993. It is also declared that I do not belong to person/ section (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 08-09-1993.

Name: \_\_\_\_\_

Signature of the Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPENDIX-E**

**UNDERTAKING BY THE CANDIDATE**

I, \_\_\_\_\_

S/O, D/O of Mr./ Mrs. \_\_\_\_\_

Have passed BSc (Hons) Nursing Entrance Examination held on \_\_\_\_\_

I certify that all my original certificates i.e. 10<sup>th</sup> passed/ Age Proof, 12<sup>th</sup> passed Marks sheet, Scheduled Caste/ Scheduled Tribe (SC/ST) Other Backward Classes (OBC)/ EWS/PwD certificates are authentic. If anything found false, then my candidature may be treated as withdrawn/cancelled at any time during the course.

Name: \_\_\_\_\_

Signature of the Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPENDIX-F**

**PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE**

**Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.**

**CASTE CERTIFICATE**

This is to certify that Shri/Smt./Kum.\* ----- son/daughter\* of ----- of village/town\*-----in district/Division\*-----of the State/Union Territory\* ----- belongs to the----- Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe\*under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order,1951
- The Constitution (Scheduled Tribe) (Union Territories) Order,1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re- organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
- The Constitution (Puducherry) Scheduled Caste Order, 1964
- The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.

2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe\* certificate issued to Shri/Smt\*----- -father/mother of Shri/Smt/Kum\* - \_\_\_\_of village/town\* ----- - in District/Division\* -----of the State/Union Territory\*----- who belongs to the ----- caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe\* in the State/Union Territory\* ----- issued by the ----- (name of prescribed authority) vide their No----- - date

3. Shri\*/Smt.\*/Kum\* -----and/or his/her\* family ordinary reside (s) in village/town\*-----of the State/Union Territory of.....

Signature

Place----- State/Union Territory

\*\* Designation-----

Date ----- (With seal of Office)

\* Please delete the words which are not applicable.

- Please quote specific Presidential Order.
- Delete the paragraph which is not applicable.

\*\* Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.



## APPENDIX-G

### **PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE**

(Certificate to be produced by Other Backward Class applying for admission central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr.\_\_\_\_\_ Son/Daughter of Shri/Dr.\_\_\_\_\_ of village/Town\_\_\_\_\_ District/Division\_\_\_\_\_ in the\_\_\_\_\_ State belongs to the\_\_\_\_\_ Community which is recognized as a backward class under:

- i. Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I section I No. 186 dated 13/09/93.
- ii. Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I section I No. 163 dated 20/10/94.
- iii. Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I section I No. 88 dated 25/05/95
- iv. Resolution No. 12011/96/94-BCC dated 09/03/96
- v. Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I section I No. 120 dated 11/12/96.
- vi. Resolution No. 12011/13/97-BCC dated 03/12/97.
- vii. Resolution No. 12011/99/94-BCC dated 11/12/97.
- viii. Resolution No. 12011/68/98-BCC dated 27/10/99.
- ix. Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I section I No. 270 dated 06/12/99.
- x. Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I section I No. 71 dated 04/04/2004.
- xi. Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I section I No. 210 dated 21/09/2000.
- xii. Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- xiii. Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- xiv. Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- xv. Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I section I No. 210 dated 16/01/2006.
- xvi. Resolution No. 20012/129/2009-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary part I section I No. 63 dated 04/03/2014.

Shri/Smt./Kum.\_\_\_\_\_ and/or his family ordinarily reside(S) in the\_\_\_\_\_ District/Division of \_\_\_\_\_ State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personal & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated:

District Magistrate/Competent Authority Seal

#### **NOTE:**

- a) The term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the people Act,1950
- b) The authorities competent to issue Caste Certificates are indicated below:
  - i. District Magistrate/Additional Magistrate/1<sup>st</sup> class Stipendiary Magistrate/Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra assistant Commissioner (not below the rank of 1<sup>st</sup> class stipendiary Magistrate)
  - ii. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/presidency Magistrate.
  - iii. Revenue Officer not below the rank of tehsildar.
  - iv. Sub-Divisional Officer of the area where the candidate and/or his family resides.
- c) The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2023.

**APPENDIX-H**  
**Proforma for EWS Certificate**

**Government of-----**  
**(Name & Address of the authority issuing the certificate)**

**INCOME & ASSEST CERTIFICATE TO BE PROUDUCED BY ECONOMICALLY WEAKER SECTION**

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

**VALID FOR THE YEAR \_\_\_\_\_**

This is the certify that Shri/Smt/Kumari \_\_\_\_\_ son/daughter/wife of  
\_\_\_\_\_ permanent resident of \_\_\_\_\_ Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_  
District \_\_\_\_\_ in the State/Union Territory Economically Weaker Sections, since the gross annual  
income of his/her family is below Rs. 8 lakhs (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 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

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 \_\_\_\_\_  
Designation \_\_\_\_\_

**Recent Passport  
size attested  
photograph of  
the applicant**

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\*Note1: 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.

**APPENDIX-I**

**CERTIFICATE OF DISABILITY FOR B.Sc. ADMISSIONS**

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/ 14th May,2019 for admission to Medical Courses in All India Quota)

Certificate No : 2023-July/XXXX

Certificate Date : 00-XXX-2023

Name of the Designated Disability Certification Centre				<b>PHOTOGRAPH</b>
This to certify that Dr. / Mr. / Ms.				
Age		Son/ Daughter of Mr.		
NEET Roll No.		Rank No.		

**Has the following Disability**

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

**Conclusion:** Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail 5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PWD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of **Assistive devices** in case of **Locomotor\*/ Visual\*/ Hearing\* Impairment**, if any. No

**Sign & Name:**

**Assistant Professor  
Neurology**

**Sign & Name:**

**Associate Professor  
Orthopedics**

**Sign & Name:**

**Associate Professor  
Medicine**

**Disclaimer :** This Certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected to diagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.

Downloading Date: August  
XX, 2023 00:00 PM

**QR CODE**

**APPENDIX- J**

**List of Disability Certification Centres who will issue Disability  
Certificates as per NMC norms to PwD candidates in support of their  
claim to avail 5% PwD reservation in UG/ Broad Speciality PG Courses**

S/No.	Name of Disability Certification Centre	City/State	Specialities Available for which Disability Certificate can be issued as per category of Disabilities mentioned in Disability Certificate
1.	Vardhman Mahavir Medical College & Safdarjang Hospital (VMMC & SJH)	New Delhi	All Disabilities as mentioned in Disability Certificate <b>except Visual disabilities category and Intellectual Disabilities &amp; Behavioural disabilities.</b>
2.	All India Institute of Physical Medicine and Rehabilitation (AIIPMR)	Mumbai	For <b>Locomotor Disability</b> only
3.	Institute of Post Graduate Medical Education & Research (IPGMER)	Kolkata	All Disabilities as mentioned in Disability Certificate
4.	Madras Medical College (MMC)	Chennai	All Disabilities as mentioned in Disability Certificate
5.	Grant Government Medical College, J.J. Hospital Compound	Mumbai, Maharashtra	All Disabilities as mentioned in Disability Certificate
6.	Goa Medical College	Goa	All Disabilities as mentioned in Disability Certificate <b>except Speech Disability.</b>
7.	Government Medical College, Thiruvananthapuram	Thiruvananthapuram, Kerala	All Disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophthalmology, Thiruvananthapuram under GMC Thiruvananthapuram
8.	SMS Medical College	Jaipur, Rajasthan	All Disabilities as mentioned in Disability Certificate <b>except:</b> <b>1. Neurology- Genetic Testing</b> <b>2. ENT- Speech &amp; Language Disability Testing</b> <b>Orthopaedics/ PMR- Gonitometer</b> <b>Adult. Plumb Line, Hand Dynamometer, Laser</b>
9.	Govt. Medical College and Hospital, Sector32	Chandigarh	All Disabilities as mentioned in Disability Certificate

10.	Govt. Medical College, Agartala, State Disability Board	<b>Agartala/Tripura</b>	All Disabilities as mentioned in Disability Certificate
11.	Institute of Medical Sciences, Banaras Hindu University,	<b>Varanasi/ Uttar Pradesh</b>	All Disabilities as mentioned in Disability Certificate <b>except Intellectual Disability.</b>
12.	Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai	<b>Mumbai, Maharashtra</b>	For <b>Hearing Disabilities</b> only
13.	AIIMS, Nagpur	<b>Nagpur, Maharashtra</b>	All Disabilities as mentioned in Disability Certificate
14.	Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi. (ABVIMS & RMLH)	<b>New Delhi</b>	All Disabilities as mentioned in Disability Certificate <b>except ENT</b> <b>For Visual Disability:</b> Candidates who use LVAs may bring their own LVAs which can be checked.
15.	Lady Hardinge Medical College & Associated Hospitals (LHMC)	<b>New Delhi</b>	All Disabilities as mentioned in Disability Certificate
16.	All India Institute of Speech and Hearing (AIISH), Mysuru	<b>Mysuru, Karnataka</b>	For <b>Speech &amp; Hearing Disabilities</b> only