



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(भारत सरकार के स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अधीन एक स्वायत्त निकाय)
(An Autonomous body under the aegis of Ministry of Health and Family Welfare, GoI)
चांगसारी, असम – 781101 | Changsari, Assam – 781101
Email: - academic-section@aiimsguwahati.ac.in

Ref No-AIIMS/GHY/DEAN(A)/2026-27/254

Date:25/06/2026

NOTICE

Subject: Reporting and Admission Formalities for Candidates Allotted to AIIMS Guwahati through INI-SS (DM/M.Ch.) July 2026 Session – reg.

It is hereby notified for information of all concerned that the candidates allotted to AIIMS Guwahati through **INI-SS July 2026 Session** are required to report for completion of admission formalities, document verification, submission of admission fee and security deposit during the period **from 24.06.2026 (11:00 AM onwards) to 29.06.2026 (up to 05:00 PM)** as per the schedule notified by AIIMS, New Delhi.

1. The reporting and admission formalities shall be conducted at the **Academic Section, Ground Floor, Medical College Building, AIIMS Guwahati**. Candidates shall report between **10:00 AM and 5:00 PM** on all working days. However, on Saturdays, candidates shall report on or before **01:15 PM**, beyond which no admission-related activity shall be entertained.
2. The Institute shall remain closed on notified holidays, if any. Accordingly, admission-related activities shall not be undertaken on such dates.
3. The checklist prescribed for admission/reporting is enclosed herewith. Candidates shall ensure submission/production of all requisite documents, in original along with self-attested copies, as specified therein. The mandatory documents include, inter alia, Affidavit(s), Character Certificate(s), Medical Registration Certificate, Internship Completion Certificate (wherever applicable), and other documents prescribed in the checklist.
4. Candidates who are serving under the Central Government, State Government, Autonomous Bodies, Statutory Organizations, Public Sector Undertakings (PSUs), Semi-Government Organizations, or Institutions funded by the Central/State Government shall produce a **No Objection Certificate (NOC)** issued by the competent authority of the employing organization at the time of reporting/admission.
5. Candidates are required to deposit the prescribed **Admission Fee (1125/-)** at the time of reporting. The fee may be remitted either through a Demand Draft drawn in favour of “**AIIMS Guwahati**” payable at **Guwahati** or through **Online Transaction at the Accounts Section, AIIMS Guwahati**. Proof of payment shall be submitted during the admission process.
6. Candidates are advised to carefully verify their eligibility, original documents and certificates before reporting. Admission shall remain provisional and subject to verification of documents and fulfillment of the eligibility criteria prescribed by the competent authority.
7. Candidates who fail to report within the stipulated period or fail to produce the requisite documents at the time of reporting shall be dealt with in accordance with the applicable admission rules, regulations and instructions governing the admission process.
8. For any clarification regarding admission/reporting formalities, candidates may contact the Academic Section, AIIMS Guwahati through e-mail at **academic-section@aiimsguwahati.ac.in**.
9. This issues with the approval of the Competent Authority.

Sd/-

Dr. Muralidhar Reddy Sangam
Dean Academic, AIIMS Guwahati



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DM/M.Ch Admission Check List

The following documents is in respect of Dr. _____

Candidate ID: _____, Roll Number: _____, INI CET Rank: _____

Category: _____ submitted on: _____ at AIIMS, GUWAHATI.

Sl. No	Certificate / Demand Draft (V)	Submitted in Original/ Photocopy	Remarks (Mention the serial no of certificate)	
1	Offer letter			
2	Allocation Letter			
3	Registration Slip			
4	Admit card issued by AIIMS			
5	Marks Sheets of MBBS/ BDS 1st, 2nd and 3rd Professional Part I & II Examinations/ MD/MS Marks Sheet			
6	Internship Completion Certificate/ Certificate from the Head of the Institution that the candidate will be completing the internship as per INICET guidelines.			
7	Permanent/ Provisional Registration Certificate from MCI/State Medical			
8	Birth Certificate/ 10th / 12th Certificate			
9	Physical Disability Certificate from authorized medical board			
Demand draft details/ Bank Transfer				
10	Bank Name	DD No.	Date of Issue	Valid up to

Candidate Name / Signature

AIIMS Authority Name / Signature

AFFIDAVIT BY THE STUDENT
(On Rs 100/- NON JUDICIAL STAMP PAPER)

I, _____ S/o, D/o of Mr./ Mrs, _____

Residents of _____

Do hereby solemnly affirm and declare as under:

1. That I am a citizen of India.
2. That I have completed 17 years of age on _____ / will be completing 17 years of age on _____.
3. That I am joining as a student of _____ course at All India Institute of Medical Sciences (AIIMS) GUWAHATI.
4. That I have gone through the contents and fully understood the AIIMS, Regulation/Directives for Ragging and Anti-Ragging Measures in AIIMS GUWAHATI Office Order on curbing the menace of Ragging to be followed by all the students of AIIMS.
5. I hereby solemnly affirm that:
 - I will not indulge or involve myself in any untoward behaviour 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.
6. 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/Directive mentioned above and / or as per the law in force and for which, I will be solely responsible and shall not claim any compensation.

Deponent Signature of Student

VERIFICATION: Verified at _____ on this _____ day of / / 20 That the above affidavit is true and correct.

Name: _____

Address _____

& Contact No: _____

Deponent Signature of Parent

AFFIDAVIT BY THE PARENT/GUARDIAN

(On Rs 100/- non judicial stamp paper)

I, _____ (full name of parent/ guardian) Father/Mother/Guardian of (Student Name) _____ Regd. No. _____ have been admitted to _____ have received a copy of the UGC Regulations on curbing the menace of ragging in higher educational institutions, 2009 (here after called the Regulations) carefully read and fully understood the provisions contained in the said Regulations.

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

I have also in particular perused clause 7 and clause 9.1 of the regulations and I 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.

I hereby solemnly affirm 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.

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.

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 the _____ (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).

Signature of Deponent Solemnly affirmed and signed in my presence on this the _____ day date :-

_____/_____/202__

OATH COMMISSIONER

UNDERTAKING BY THE STUDENT

I, _____

S/o, D/o or Mr./ Mrs. _____

have passed **DM/M.Ch** Examination held on / /20

I certify that all my **Original Certificates** (i.e. MBBS pass certificate & marksheets, 10th Pass Certificate/Age proof, 12th Pass Certificate, 12th Marks Sheet, MBBS, MD/MS and PWD (If applicable) Certificate 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: _____

Anti- ragging Policy

As per direction of the Hon'ble Supreme Court of India, the Government has banned ragging completely in any form inside and outside of the campus and the Institute authorities are determined not to allow any form of the ragging. Therefore, at the time of admission, every student shall be required to sign a declaration that on admission he/she submits himself/herself 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.

Prohibition of and Punishment for Ragging:

1. Ragging in any form is strictly prohibited, within the premises of College/Department of Institution and any part of AIIMS and also outside the AIIMS Campus.
2. Any individual or collective act or practice or ragging constitute gross indiscipline shall be dealt with under this Rules.
3. Ragging for the purposes of this rules, ordinarily means any act, conduct or practice by which dominant power or status of senior students is brought to bear on students freshly enrolled or students who are, in any way, considered junior or inferior by other students and includes individual or collective acts or practice which:
 - a. Involve physical assault or threat or use of physical force
 - b. Violate the status, dignity and honor of women students
 - c. Violate the status; dignity and honor of students belonging to the Scheduled Castes, Scheduled Tribes and Other Backward Castes
 - d. Expose students to ridicule and contempt and affect their self-esteem
 - e. Entail verbal abuse and aggression, indecent gesture and obscene behavior
4. The Director, Dean, Hostel Superintendent and Faculty of AIIMS shall take immediate action on any information of the occurrence of ragging.
5. Notwithstanding anything in Clause (4) above, the Dean or any other Faculty member/or authority may also suo moto enquire into any incident of ragging and make a report to the Director of the identity of those who have engaged and the nature of the incident.
6. The Dean may also submit an initial report establishing the identity of the perpetrators of ragging and the nature of the ragging incident.
7. On the receipt of a report under clause (5) or (6) or a determination by the relevant authority disclosing the occurrence or ragging incidents described in the Clause 3(a), (b) and (c) the Director shall direct or order rustication of a student or students for a specific number of semesters.
8. The Director may in other cases of ragging order or direct that any student or students be expelled or be not, for a stated period, admitted to a course of study as AIIMS, departmental examination for one or more semesters or that the result of the student or students concerned in the examination(s) in which they appeared be cancelled.
9. For the purpose of this Rules, abetment to ragging will also amount to ragging.
10. In case of any discrepancy between these rules and Government of India Policy, the GOI policy will prevail.

Signature of the candidate:- _____

By Authority Director/Dean AIIMS, GUWAHATI

OATH

I, do swear/solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established, that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office loyally, honestly, and with impartiality.”

(So help me God!)

Name: - _____

Department: - _____

Designation: - _____

Signature & Date: - _____

शपथ-पत्र

मैं शपथ लेता / लेती हूँ। सत्यनिष्ठा

शपथ पत्र - भारत की प्रभुता और अखंडता अश्रुण्ण रखूंगा / रखूंगी

/ रखूंगी। मैं भारत की प्रभुता और अखंडता अश्रुण्ण रखूंगा / रखूंगी तथा मैं अपने कर्तव्यो का राजभक्ति, ईमानदारी और निष्कषता से पालन करूंगा / करूंगी

| (अतः ईश्वर मेरी सहायता करे)

दिनांक:

नाम

विभाग

पद

CHARACTER CERTIFICATE

Certified that I have known Mr./Ms./_____

Son/daughter of Shri _____

for the last _____ years _____ months (Minimum 5 years). He/She

bears a good moral character and is of nationality. He/ She is not related to me.

Place:

Signature

Date:

Name:

Designation:

Address

Stamp

This certificate should be from any one of the following:

1. Gazetted Officer of Central or State Government;
2. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident;
3. Sub-Divisional Magistrates/ Officers;
4. Tehsildars or Naib/ Deputy Tehsildars authorized to exercise magisterial powers;
5. Principal/Head Master of the recognized School/ College/ Institution where the candidate studied last;
6. Block Development Officer;
7. Post Masters; 8. P
8. Panchayat Inspectors

CHARACTER CERTIFICATE

Certified that I have known Mr./Ms./_____

Son/daughter of Shri _____

for the last _____ years _____ months (Minimum 5 years). He/She

bears a good moral character and is of nationality. He/ She is not related to me.

Place:

Signature

Date:

Name:

Designation:

Address

Stamp

This certificate should be from any one of the following:

9. Gazetted Officer of Central or State Government;
10. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident;
11. Sub-Divisional Magistrates/ Officers;
12. Tehsildars or Naib/ Deputy Tehsildars authorized to exercise magisterial powers;
13. Principal/Head Master of the recognized School/ College/ Institution where the candidate studied last;
14. Block Development Officer;
15. Post Masters; 8. P
16. Panchayat Inspectors

Marital Declaration

I, Shri/Smt/Kum/Dr _____ as under

- (a) That I am unmarried/a widower/a widow.
- (b) That I am married and during the lifetime of my spouse, I have contracted another marriage. The application for a grant of exemption is enclosed.
- (c) That I am married and have more than one husband/wife living. The application for a grant of exemption is enclosed.
- (d) That I am married and my husband/wife has no other living wife/husband, to the best of my knowledge.
- (e) That I have contracted a marriage with a person who has already one wife or more living. The application for a grant of exemption is enclosed.

I solemnly affirm that the above declaration is true and understand that in the event of declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date: -

Signature

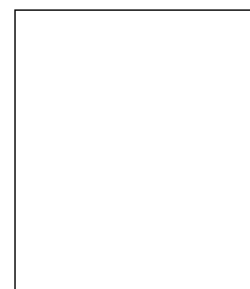
NOTE: -

- ✓ Please delete clauses not applicable. Applicable in the case of clause (a), (b) and (c) only.
- ✓ Please submit marriage certificate in case of married.

MANDATE FORM

Name	
------	--

Father/ Husband Name	
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DATE OF BIRTH	___/___/___	GENDER	M/F
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CATEGORY	UR/ OBC/ SC/ST	RELIGION		PHYSICALLY CHALLENGED	YES / NO
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DATE OF JOINING	/ /	DESIGNATION		DEPARTMENT NAME	
-----------------	-----	-------------	--	-----------------	--

CONTACT DETAILS

ADDRESS					
CITY		STATE		PIN CODE	
CONTACT NO.		MAIL ID			

BANK DETAILS

BRANCH & BANKNAME					
A/C NO.		IFSC CODE			
PAN NO.					
AADHAR NO.					
NPS (PRAN) NO. (IF HAVE)					
HAVE YOU BEEN PREVIOUSLY EMPLOYED WITH AIIMS Guwahati	YES / NO (If Yeas Designation)				
IF YES	DESIGNATION		DATE OF JOINING		DATE OF RELIVING

SIGNATURE

Declaration on Dependent Family Members

(1) Personal Details:

1	Name	
2.	Designation	
3.	Date of Birth	
4	Date of appointment	

(2) Details of the Dependent Family Members:

Sl.	Name(s) of the member(s) of the family*	Date of birth	Age as on date	Relation-ship	Marital Status	Place mention the category: (Employed/Pension/Family Pensione/Others	Personal Annual Income of the dependent

(c) I hereby undertake to keep the above particulars up-to-date by notifying to the Head of Office of any addition or alteration.

(d) Family for this purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.

[http://persmin.gov.in/pension/rules/pencomp7.htm#Family Pension, 1964](http://persmin.gov.in/pension/rules/pencomp7.htm#Family_Pension,_1964)

(e) Wife and husband shall include respectively judicially separated wife and husband.

(f) A self-certified proof of Date of Birth is enclosed in respect of dependent Brothers/Sisters, if any.

Signature of the Employee

UNDERTAKING FOR PENDING DOCUMENTS

I, Dr. _____

INI-SS Roll No. _____ S/o/D/ _____,
hereby undertake and declare that I shall submit the following pending document(s) within 15 days from the date of my reporting/joining at All India Institute of Medical Sciences Guwahati.

In the event of failure to submit the required document(s) within the stipulated period, I understand that my candidature/admission may be treated as withdrawn/cancelled at any stage during the course of study, without any further notice.

Pending Documents:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature:- _____

Name: _____

Department :- _____

Date:- _____

Contact No. :- _____



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Email: - academic-section@aiimsguwahati.ac.in

JOINING REPORT

Date:-

To,
The Head of The Department,
Department of _____
AIIMS Guwahati.

Sub: Joining as DM/MCH

Ref: Admission to DM/M.Ch course at AIIMS Guwahati for Session January/ July 202____

Sir,

Please refer to the Admission Slip No _____ Dated
____/____/202__ regarding my admission to DM/M.Ch course in the subject of _____
at AIIMS Guwahati under _____ category.

I _____ agree to pursue the above course as
a regular full-time DM/MCH student for the duration of the academic course. I have joined the course on
____/____/202____ (date) in the department of _____
at AIIMS Guwahati (FN/AN).

Yours faithfully,

Date:

(Signature)

Name of the Student	
Offer letter No	
Roll No	
Rank	
Category	
Counselling Round	
Address	
Email ID	
Mobile No	

For Office Use

Certified that _____ has joined/ reported to the
department of _____ at AIIMS Guwahati as a whole-time
regular DM student on __/__/202__ (date)FN/AN.

Head of the Department

Dean (Academics)

APPLICATION FORM FOR ALLOTMENT OF RESIDENCE

PERSONAL DETAILS		
S. No.	Particulars	Details
1	Name (in Block Letters)	
2	Designation	
3	Department / Section	
4	Gender	Male / Female / Other
5	Date of Birth	
6	Marital Status	Married / Unmarried / Widower / Widow
7	Mobile Number	
8	E-mail ID	
9	Aadhaar Number	
10	PAN Card Number	
11	Permanent / Home Town Address	
12	Correspondence Address	
13	Name of Father	
14	Name of Mother	
15	Name of Spouse	
16	Whether spouse is employed in AIIMS Guwahati	Yes / No
17	If yes, Name, Designation & Department of Spouse	
18	Service Status	Permanent / Temporary / Contractual / Tenure
19	Category	UR / OBC / SC / ST / EWS
20	Whether Person with Benchmark Disability (PwBD)	Yes / No
21	Date of Joining at AIIMS Guwahati	

PAY PARTICULARS

S. No.	Particulars	Details
1	Pay Band / Pay Scale (₹)	
2	Basic Pay as per 7th CPC (₹)	
3	Pay Level as per Pay Matrix	
4	Present Grade Pay / Level	
5	Date of Promotion (if any)	
6	Previous Pay Level continuously drawing from	
7	Gross Monthly Salary (₹)	

ACCOMMODATION DETAILS

S. No.	Particulars	Details
1	Type of accommodation applied for	
2	Whether presently occupying Government accommodation	Yes / No
3	If yes, provide details of accommodation occupied	
4	Name of Department/Organization allotting the accommodation	
5	Date of occupation of present accommodation	
6	Whether you/your spouse own any house within Guwahati Municipal area or adjoining municipality	Yes / No
7	If yes, furnish details	
8	Whether AIIMS Guwahati accommodation was refused earlier	Yes / No
9	Whether debarred from Government accommodation allotment earlier	Yes / No
10	If yes, provide details/reasons	
11	Particulars of residential accommodation provided earlier by AIIMS Guwahati, if any	
12	Special request/preference, if any	

FAMILY DETAILS

DETAILS OF FAMILY MEMBERS PROPOSED TO RESIDE WITH THE APPLICANT

S. No.	Name	Age	Relationship	Marital Status	Whether Entirely Dependent on Applicant
1					
2					
3					
4					
5					

DECLARATION

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief.

I agree to abide by the AIIMS Guwahati Residential Accommodation Rules, 2022 and amendments issued from time to time, or any other relevant allotment rules applicable thereto.

I understand that:

1. Furnishing false or misleading information may lead to cancellation of allotment and disciplinary action.
2. Subletting/misuse of accommodation shall attract penal action as per applicable rules.
3. Mere submission of application does not guarantee allotment of accommodation.
4. Allotment, retention, cancellation, vacation, and related matters shall be governed strictly by Institute rules.

I further undertake to intimate the competent authority immediately regarding any change in my service status, family particulars, pay particulars, or residential status.

Date: _____

Signature of the Applicant: _____

Name: _____

Designation: _____

Department: _____

APPLICATION FOR ISSUE OF IDENTITY CARD (TO BE FILLED UP IN CAPITAL LETTER ONLY)

Affix
Passport
size photo

Name: (In CAPITAL LETTERS with prefix SHRI/MS/MRS/DR)

First Name																				
Middle Name																				
Last Name																				

Designation																				
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Department																				

Date of Joining				/				/												
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Date of Birth				/				/												
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Mark of Identification

Blood Group																				
Mobile No.																				

E-mail ID																				
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Permanent Address (IN CAPITAL LETTERS)

AT	:																			
PO	:																			
PS	:																			
Dist.	:																			
State	:																			
PIN	:																			

Date of Issue				/				/												
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Library Use																				
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Employee ID (to be filled by the concerned department)																				
--------------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of the Recommending Authority

Signature of the Applicant

Signature of Issuing Authority