



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. 6-22/2022-23/AIIMS/GHY/ACAD/DEAN(A)/426 B/A

DATE: 01-08-2024

INSTRUCTION FOR CANDIDATES SEEKING ADMISSION AT AIIMS, GUWAHATI

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

Programme for admission process of MBBS, Batch 2024

Officials	Date, Time and Venue
Prof. (Dr.) Manasi Bhattacharjee, Dean (Academics) Dr Naveen P, Nodal Officer Dr Jayanta Das, Nodal Officer Dr Prasad Sudhir Dange, Member Dr Rashmi Agarwalla, Member Dr Amandeep Kaur, Member Dr Samarendra Barman, Member	Date: 24 th August 2024 to 29 th August 2024 (Ist Round) 14 th September 2024 to 20 th September 2024 (IInd Round) Time: 10:00 AM to 4:30 PM Venue: First Floor, Medical College Block.

The admission will remain closed on 25-08-2024 (Sunday), 15-09-2024 (Sunday) & 16-09-2024 (Milad-un-Nabi).

MANDATORY REQUIREMENT OF DOCUMENTS (IN ORIGINAL) DURING ADMISSION

- Laboratory Tests:** 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**.
- NTA Rank letter & Admit Card** from Medical Counselling Committee (MCC).
- Provisional Allotment Letter** from Medical Counselling Committee (MCC).
- Original Bank Draft worth Rs. 5856/-** (Five thousand, eight hundred fifty-six only) from any Nationalised Bank in favour of **AIIMS Guwahati, Payable at Guwahati, SBI Branch Code 64360**. Please write your Name, Mobile No., All India Rank and e-mail ID (**IN CAPITAL LETTERS**) at the reverse of the Bank Draft. **Hand-written DD will not be accepted**.
- 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 subjects 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 candidates are advised to visit MCC website regularly). Formats as attached at Appendix F, G & H.
- PwD Certificate** from designated Disability Centres as per MCC guidelines (Format of disability certificate as per **Appendix I** from the Institutes as per **Appendix J**).
- 2 (two) sets of photocopies** of the above documents (**self-attested**).
- Current Passport size photograph** (front facing) 5 copies.
- CANDIDATE INFORMATION SHEET: (Appendix-A)**
- NOTARIZED AFFIDAVIT FOR PARENT/ GUARDIAN** on non-judicial stamp paper worth or above Rs. 10.00: (**Appendix-B**)
- NOTARIZED AFFIDAVIT BY THE STUDENT:** on non-judicial stamp paper worth or above Rs. 10.00: (**Appendix-C**)
- DECLARATION BY THE CANDIDATE (Appendix-D, only for OBC candidates)**
- UNDERTAKING BY THE CANDIDATE (Appendix-E)**
- All Candidates after reporting will undergo medical examination at AIIMS, Guwahati.**

NOTE: Documents 12 to 16 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 sheets & curtains. 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 commencement of classes will be notified in our website.

Keep checking our website www.aiimsguwahati.ac.in regularly for further update.

Dean (Academics)
AIIMS, Guwahati

अधिष्ठाता (शैक्षणिक)
Dean (Academics)

अखिल भारतीय आयुर्विज्ञान संस्थान, गुवाहाटी
All India Institute of Medical Sciences, Guwahati



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

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

NAME: (In CAPITAL LETTERS)

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 Number																			
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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/- or above 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 AIIMS, Guwahati 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/- or above 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(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 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.
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 MBBS Entrance Examination held on _____

I certify that all my original certificates i.e. 10th passed/ Age Proof, 12th 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/1st class Stipendiary Magistrate/Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra assistant Commissioner (not below the rank of 1st 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, 2024.

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**

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, ect.

**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 NEET 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 : 2024-AUGUST/XXXX

Certificate Date : 00-XXX-2024

Name of the Designated Disability Certification Centre				PHOTOGRAPH
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, 2024 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 except Visual disabilities category and Intellectual Disabilities & Behavioural disabilities.
2.	All India Institute of Physical Medicine and Rehabilitation (AIIPMR)	Mumbai	For Locomotor Disability 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 except Speech Disability.
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 except: <ol style="list-style-type: none"> 1. Neurology- Genetic Testing 2. ENT- Speech & Language Disability Testing Orthopaedics/ PMR- Gonitometer Adult. Plumb Line, Hand Dynamometer, Laser
9.	Govt. Medical College and Hospital, Sector32	Chandigarh	All Disabilities as mentioned in Disability Certificate

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