UNDERTAKING

I,		Son/daughter	of Sh	ıri
have passe	d <u>NEET (UG) for MBBS</u>	/ B.Sc. (H) Nursir	ng Entrand	<u>:e</u>
Examination for B.Sc. (Hons.) Nursing Entrance Ex	amination. I certify that all	my original certifica	tes [i.e. Aç	je
proof/10 th Mark sheet and Pass Certificate/12 th	Passed Marks Sheet and	Pass Certificate and	d Schedule	ed.
Caste/Scheduled Tribe (SC/ST)/Other Backward	Class (OBC)/Economicall	y Weaker Section	(EWS)] ar	æ
authentic. If any found false, then my candidature	may be treated withdrawn,	/cancelled at any tim	e during th	ıe
course.				
Nar	ne			_
Sig	gnature of the Candidates_			
Ad	dress:			
				_
_				_
				_

DECLARATION BY THE CANDIDATE

(ONLY FOR OBC-NCL CANDIDATES)

Ι,	Son/daughter of Sl	hri	
Village/Town/City	District	State	
hereby declare that I belong to th	ne	Comm	unity which is
recognized as a backward class by the	e Government of India for p	urpose of reservation in servi	ce as per order
contained in Department of Personne	el and Training Office Mem	orandum No. 36012/22/93.Es	stt.(SCT) dated
08.09.1993. It is also declared that I d	lo not belong to persons/se	ction (Creamy Layer) mention	ed in Column 3
of the Scheduled to the above referred	l Office Memorandum dated	l 08.09.1993.	
	Name		
	Signature of the (Candidates	
	Address:		

AFFIDAVIT

(On Rs. 10/- STAMP PAPER DULY NOTARISED)

To be submitted by the student & parent securing admission at AIIMS Patna

I, Mr/Ms		S/D/of Mr/N	1rs	
All India Rank	(Name of the student) , Entrance l	Examination Roll No	(Father's Nar	me)
Resident of (Com	nplete Address with pin code)		
			F	Pin
Secured admission	on in the course MBBS/ B.Sc.	. (Hons.) Nursing in the	e batch of	(Admission year).
I understand a	nd undertake that:			
and practical is r	securing minimum 75% atter mandatory for being eligible of the student to attend cla	for appearing in Profes		
	any kind is not tolerable and petent Authority of this insti		•	•
As a student I ag and hospital.	ree to abide by all the rules a	and regulations govern	ing AIIMS Patna in	cluding the hostel
	ole responsibility of the pare e office of the Dean (Academ	• •	_	•
Date:			Signatur	e of Student
	<u>ACKNOV</u>	<u>WLEDGEMENT</u>		
I have gone thro	ugh carefully the terms of th	ne above undertaking th	nat if he/she fails to	comply with the
regulations gove	rning academic attendance,	he/she will be detained	d and not allowed	to appear in the
professional exar	mination in the subject. I und	dertake that I/he/she v	vill strictly follow th	ne above terms.
Date:			Signature of	f Parent/Guardian
Verification: Ve	erified at	on this	day of	202,
	ffidavit is true and correct.			_ ,
Name:		Mobile Number: _		
Address:				
			Pin	