

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

(PLEASE FILL FORM IN BLOCK LETTERS)

1. Registration Details –
 - a) Advertisement Date -
 - b) Rank (AML) of INI-SS (July 2024 Session) -
 - c) Roll Number of INI-SS (July 2024 Session)-
2. Personal Details –
 - a) Applicant's Name -
 - b) Father's Name -
 - c) Mother's Name -
 - d) Gender -
 - e) Date of Birth -
 - f) Nationality -
 - g) Mobile Number -
 - h) E-Mail -
3. Address -
4. Education Details -
 - a. Graduation Details –

 - b. Post-Graduation Details –
5. Medical Council Registration Details –
6. ID Proof (Aadhar Card, PAN Card, Driving License, Passport) -

Instruction

1. Please send completely filled form to below Email ID before 05:00 PM 28th August 2024.
deanacademicspg@gmail.com
2. Kindly bring the under mentioned documents on the day of counselling :-

S.No	Required Original Documents
a)	10th Mark sheet/ Passing Certificate
b)	MBBS Degree / Passing Certificate
c)	MBBS Marksheets
d)	Registration with Medical Council of India / State Medical Council
e)	MD/MS/DNB Degree/Passing Certificate
f)	Caste Certificate (OBC/SC/ST/EWS)
g)	Admit Card
h)	Registration Slip (Entrance Exam)
i)	Other Documents (If Necessary)