



अखिल भारतीय आयुर्विज्ञान संस्थान- मंगलगिरि

ALL INDIA INSTITUTE OF MEDICAL SCIENCES – MANGALAGIRI

स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत राष्ट्रीय महत्व का संस्थान
(AN INSTITUTE OF NATIONAL IMPORTANCE UNDER MINISTRY OF HEALTH AND FAMILY WELFARE)

भारत सरकार / Government of India

Acknowledgement of deposit of original certificates (Session 2021-22)

This is certify that following original/Xerox documents of Mr. /Ms.....
..... Roll Number Application No.
All India Rank.....S/D/O/.....Category.....
Phone No.....Email.....Are deposited in
AIIMS Mangalagiri in compliance with legal provisions regarding Admissions in MBBS 2021-22
counselling.

Sl.No	Certificate/Documents	
1	10 th Class Passing Certificate/marks certificate (Eligibility: Born on or after 02/01/2004 are not eligible)	
2	12 th Marks Sheet (marks obtained out of..... =.....% 60% for general/OBC category, 50% for SC/ST category)	
3	12 th Class passing Certificate	
4	Migration certificate	
5	Admit Card of Exam issued by NTA	
6	Result/Rank letter issued by NTA	
7	Seat allotment Letter by MCC	
8	SC/ST/OBC*/EWS OBC*certificate should be valid as per the list of OBC Central Government. He/She doesn't belong to persons/section creamy layer/certificate should not be older than 1 year on date of first end of seat allocation.	
9	Disability certificate issued from a duly constituted and authorized medical board as mentioned in the news bulletin	
10	08 passport size photographs	
11	Admission Fees 5,856/- (Bank Draft/Receipt)	

Note: Kindly also refer to websites of AIIMS New Delhi (www.aiimsexams.org) and AIIMS Mangalagiri (www.aiismangalagiri.edu.in) for any other instructions as per the option chosen.

Verified By

Nodal Officer,
AIIMS-Mangalagiri.

Candidate signature:



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AFFIDAVIT BY THE STUDENTS
(For all candidates)
(On Rs 10/- NON-JUDICIAL STAMP PAPER)

I _____

S/o, D/o, /Dr. of Mr./Ms. _____

Resident of, _____

Do hereby solemnly affirm and declare as under:

- 1) That I am 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 MBBS at AIIMS Mangalagiri.
- 4) That I have gone through the contents and understood the AIIMS, Regulation/Directives for Ragging and Anti –Ragging Measures in AIIMS Mangalagiri office 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 behavior or act that may come under definition of ragging
 - I will not participate on or abet or propagate ragging in any form.
 - I will not hurt anyone physically or physiologically 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 _____

2021. That the above affidavit is true and correct.

Name:

Address & Contact No.

Deponent

Signature of Parent

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AFFIDAVIT BY THE PARENT/GUARDIAN
(For all candidates)
(On Rs 10/- NON-JUDICIAL STAMP PAPER)

I, _____ (full name of parent/ guardian)
Father/Mother/Guardian of (Student Name) _____
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 (hereafter 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.

Name: Signature of Deponent

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) _____ 2021.

Signature of Deponent Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month) _____ 2021.

OATH COMMISSIONER



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DECLARATION BY THE OBC (NCL) CANDIDATE

I _____ Son/Daughter of _____ Village/Town/City

_____ District _____

State _____ hereby declare that I belong to the community which is recognized as a backward class by the Government of India for the purpose of reservation in service as per orders contained in the Department of Personal and Training office memorandum number 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 above referred office memorandum dated 08.09.1993.

Name: _____

Signature of the candidate _____

Address: _____



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UNDERTAKING BY THE STUDENTS

(For all candidates)

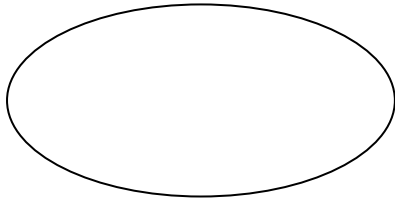
Paste stamp size
colour photograph

I, _____

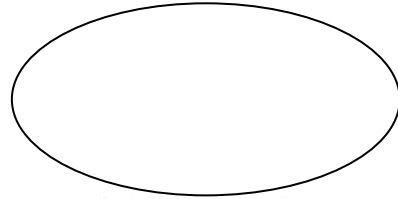
S/o, D/o of Mr. /Mrs./Dr. _____

have passed MBBS Entrance Examination held on _____ 2021.

I certify that all my original certificates (i.e. 10th Pass certificate/Age proof, 12th Pass certificate, 12th Marks sheet and Scheduled Caste/Scheduled Tribe (SC/ST)/ Other Backward Class (OBC) /EWS Certificate is authentic. If any found false, then my candidature may treated withdrawn/cancelled at any time during the course.



Specimen signature



Left thumb impression

Name: _____

Signature of the candidate _____

Address: _____

Email ID & Mobile Number _____



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Appendix -1: Specified Disability clause

A SCHEDULE is annexed regarding “SPECIFIED DISABILITY” clause (zc) of section 2, that states as under,

1) Physical disability

A. Locomotor disability (a person’s inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including----

a) “**Leprosy cured person**” means a person who has been cured of leprosy but is suffering from-

i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye –lid but with no manifest deformity;

ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

iii) extreme physical deformity as well as advanced age which prevents him/her from under taking any gainful occupation , and the expression “leprosy cured” shall constructed accordingly;

b) “**Cerebral palsy**” means a group of non-progressive neurological condition affecting body movements and muscle coordination ,caused by damage to one or more specific areas of the brain, usually occurring before, during shortly after birth;

c) “**Dwarfism**” means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less

d) “**Muscular dystrophy**” means a group of hereditary muscle disease that weakens the muscle that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and death of muscle cells and tissues’

e) “**acid attack victims**” means a person disfigured by due to violent assaults by throwing of acid or similar corrosive substance.

B. “Visual impairment---

a) “**blindness**” means a condition where a person has any of the following conditions, after best correction -----

i) Total absence of sight; or

ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or 92

iii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

b) “**low –vision**” means a condition where a person has any of the following conditions, namely:-

i) Visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or

ii) limitation of the field of vision subtending an angle of less than 40 degree upto 10 degree.

C) “Hearing impairment” –

a) “**deaf**” means persons having 70 DB hearing loss in speech frequencies in both ears;

b) “**hard of hearing**” means persons having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

D) “Speech and language disability” means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

2) Intellectual disability, a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior which covers a range of every day, social and practical skills, including__

(a) “ **specific learning disabilities**” means a heterogeneous group of conditions wherein there is a deficit in processing language ,spoke nor written , that may manifest itself as difficult to comprehend ,speak, read, write, spell, or to do mathematical calculations and includes such conditions such as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

b) “**autism spectrum disorder**” means a neuro –developmental condition typically appearing in first three years of life that significantly affects a person’s ability to communicate , understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviors.

3. Mental behavior, ___ “**mental illness**” means a substantial disorder thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of specially characterized by sub normality or intelligence.

4. Disability caused due to _____

a) Chronic neurological conditions such as ____

i) **“Multiple sclerosis”** means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged , leading to demyelination and affecting the ability of nerve cells in brain and spinal cord to communicate with each other;

ii) **“Parkinson’s diseases”** means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow imprecise movement, chiefly affecting middle –aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

b) Blood disorder ____

i) **“hemophilia”** means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of normal clotting ability to blood so that a minor would may result in fatal bleeding;

ii) **“Thalassemia”** means a group of inherited disorders characterized by reduced or absent amounts of hemoglobin.

iii) **“Sickle cell disease”** means a hemolytic disorder characterized by chronic anemia, painful events, and various complications due to associated tissue and organ damage; “hemolytic” refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.

5. Multiple Disabilities (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental and educational problems.

6. Any other category as may be notified by the central Government.

Note: Any amendment to the Schedule to the RPWD Act, 2016, shall consequently stand amended in the above schedule.