



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

UNDERTAKING BY THE STUDENTS
(For all candidates)

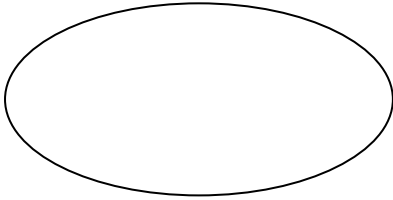
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I, _____

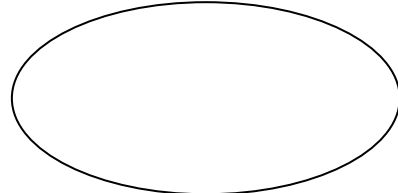
S/o, D/o of Mr. /Mrs./Dr. _____

have passed MBBS Entrance Examination held on _____ 2023.

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 If anything found false, then my candidature may be withdrawn/cancelled at any time during the course.



Specimen signature



Left thumb impression

Name: _____

Signature of the candidate _____

Address: _____

Email ID & Mobile Number _____

