



अखिल भारतीय आयुर्विज्ञान संस्थान
All India Institute of Medical Sciences
मंगलगिरि, आंध्र प्रदेश
Mangalagiri, Andhra Pradesh
www.aiismangalagiri.edu.in

F.No./ AIIMS/MG/Admin/Recruitment /03/Non Faculty/2024/01D

Date: 04.12.2024

NOTICE OF EXAMINATION

Sub: Computer Based Test (CBT) Examination Schedules for various Non faculty Group 'B' and Group 'C' posts on Direct Recruitment basis at AIIMS Mangalagiri– Reg.

Ref: Advt. AIIMS/MG/Admin/Recruitment /03/Non Faculty/2024/01A Date: 08/10/2024,
AIIMS/MG/Admin/Recruitment /03/Non Faculty/2024/01B Date: 19/10/2024, 30/10/2024 &
AIIMS/MG/Admin/Recruitment /03/Non Faculty/2024/01C Date: 08/11/2024.

1. This is in continuation to the advertisement published for the posts of various Non faculty Group 'B' and Group 'C' posts on Direct Recruitment basis at AIIMS, Mangalagiri vide. references cited above.
2. All the candidates are hereby informed that there will be a Computer Based Test (CBT) for the candidates applied to the post of various Non faculty Group 'B' and Group 'C' posts on direct recruitment basis, as per the advertisement. The CBT is scheduled to be held from 13th December 2024 to 15th December 2024.

3. The Schedule of Computer Based Test (CBT) is as follows:

S. NO.	DAY-1	DAY-2	DAY-3
1.	13 th December 2024	14 th December 2024	15 th December 2024

4. **Request for change in centre/date of CBT will not be entertained.**
5. Admit cards may be downloaded from the link given <https://aiismg.totalrecruitment.in>
6. **Instructions for PwBD candidates:**
 - The candidates with the disabilities claiming scribe/compensatory time should bring Original Disability Certificate with them on the day of examination.
 - Eligible PwBD candidates are entitled for compensatory time of 20 minutes per hour & assistance of scribe.
 - PwBD candidates, other than those affected by blindness and cerebral palsy, are required to produce certificate as per **Annexure-I** for availing the facility of scribe.
 - Candidates opting for scribe, the qualification of the scribe should be one step below the qualification of the candidate taking the examination. Such candidates shall be required to submit details of the own scribe in proforma at **Annexure-II**. In addition, the scribe has to produce a valid ID proof in original. A photocopy of the ID proof of the scribe signed by the candidate as well as the scribe is required to be submitted along with proforma at Annexure-II.
 - Scribe arranged by the PwBD candidate should not be a candidate of this examination otherwise candidatures of both the candidates will be cancelled.
 - One eyed candidates and partially blind candidates, who are able to read the normal Question Paper set with or without magnifying glass and who wish to write/indicate the answer with the help of magnifying glass, will be allowed to use the same in the Examination Hall and will not be entitled to a Scribe. Such candidates will have to bring their own Magnifying Glass to the Examination Hall.
7. All the Candidates are advised to visit the institute website, for further updates.

Sd/-
Director
AIIMS, Mangalagiri

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs _____(name of the candidate with disability), a person with _____(nature and percentage of disability as mentioned in the certificate of disability), S/o/ D/o _____a _____ resident of _____Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent of a
Government health care institution

Name & Designation

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note: Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/PMR)

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Roll No _____ at _____ (name of the centre) in the District _____, _____ (name of the State/ UT) My qualification is _____

I do hereby state that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination

I do hereby undertake that his/ her qualification is _____. In case, subsequently it is found that his/ her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto

(Signature of the candidate with Disability)

Place:

Date: