## All India Institute of Medical Sciences Examination Section

## Consent form to accept/decline the allotted seat for admission into DM/MCH/MD(HA) course for January 2020 Session

This is to state that as per the result notification no. 188/2019 dated 26/11/2019, I have been selected for a DM/MCH/MD(HA) seat for January 2020 Session with following details:

Name :			:	
Roll No :			:	
Subject :			:	
AIIMS :			:	
Ор	tion	chosen	: □Option 1 / □Option 2 / □Option 3 (Tick your choice), Kindly see below for details.	
	Option 1		I accept the above mention seat and do not wish to participate in further seat allocation.	
	Option 2		laccept the above-mentioned seat and I also wish to participate in further allocation for upgradation in order of preference given by me, if seats remain vacant.	
	Opt	tion 3	I do not wish to accept the above-mentioned seat and I do not wish to participate in further allocation even if seats remain vacant.	
lns	truc	tions:		
	2. <b>3.</b>	allotted AIIMS by 5.00 p.m. on 14 <sup>th</sup> December2019and deposit either the original certificates/Demand Draft of Rs 3 Lac in the name of Director, AIIMS, New Delhi.  3. Joining: If you have chosen Option 1 or Option 2 and reported to the allotted AIIMS by 14 <sup>th</sup> December 2019 then you are required to submit the original certificates and join the course at allotted AIIMS by dates as mentioned in the Prospectus (point no 6, note ii on page 8). Failure to join the course by stipulated dates will lead to forfeiture of the allotted seat and a penalty of Rs 3.00 lac will be levied (i.e. forfeiture of the submitted demand draft or release of submitted certificates on payment of Rs 3.00 lac by Demand Draft as applicable).		
		-	have read the instructions in the consent form and agree to follow the same. (The form s not ticked)	
Sig	natu	re of can	didate:	
Da.	to:			