



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

(An Institution of National Importance under Ministry of Health & Family Welfare, GOI)

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**APPLICATION FORM FOR PDC COURSE**  
**APRIL - 2026 SESSION**

**NAME OF PDC COURSE/ CERTIFICATE COURSE** (WRITE SUBJECT AS PER PROSPECTUS): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Passport Size Photo

Signature

Name in Full (Block Letters) Miss / Mrs / Mr./Dr. \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Other

Community:  UR  OBC(NCL)  SC  ST  EWS

Physically Handicapped:  YES  NO Marital Status:  Married  Unmarried

ID Proof:  PAN Card  Aadhar Card  Driving Licence  Passport

Aadhar Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email ID: \_\_\_\_\_ Alternate Mob. No. : \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

**Academic Record**

Examination Passed	Name of the School/College/Institution/University	Year of Passing	Max Marks	Marks Obtained	Div/Grade	Subject (S) Papers offered
SSC						
HSC						
Bachelor's Degree						
Master's Degree						
Any Other Examination						

Are you pursuing any other course in this or any other University/ Institution :

**To be Filled in by the Candidates who are Employed**

Name of the Institution/Organization	Designation	Period of Employment (From & To)	Permanent/Contractual/Project	Nature of Duties/Jobs

**Undertaking / Declaration**

1. I declare that I fulfill the minimum eligibility requirements as prescribed by the Institute for admission to the Programme for which I have applied.
2. I further declare that the documents submitted in support of the information furnished by me in the Application Form are true in all respects and in case any entry, information, or documents are found to be false, this shall entail automatic cancellation of my admission.
3. I note that my admission to the Institute is subject to the provisions of the Acts and Rules of the Institute.
4. I shall abide by the rules and regulations, proper conduct that may be framed in this regard.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Place: \_\_\_\_\_

Name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Approved/Waitlisted/Rejected** \_\_\_\_\_

**Remark** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Admission Committee**