

*अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर*

*ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR*



**PROSPECTUS**

**ONLINE PDCC  
(LIFESTYLE MEDICINE)**

**SESSION APRIL 2026**

*Last date of submission of application along with documents and requisite fees through online and Registered Post/Speed Post: **20.02.2026***

## IMPORTANT DATES AT A GLANCE

Application Opens On	04.02.2026 (Wednesday)
Last date of submission of application through Email	20.02.2026 (Friday)
Last date of submission of Hard Copy	
Status of application & rejected application	25.02.2026 (Wednesday)
Last date of submission of required documents for regularization of rejected application	27.02.2026 (Friday)
Final list of eligible candidates for entrance examination	02.03.2026 (Monday)
Departmental Interview for PDCC in LM (Online) <b>(Link will be sent to eligible candidates )</b>	09.03.2026 (Monday)
Final Result	13.03.2026 (Friday)
Tentative Date of Commencement of PDC Course	01.04.2026 (Wednesday)

**Note: The above dates are subject to change as per Institute guidelines.**

**Application Fee Rs.1500/- Charges as applicable (Non Refundable).**

**Mode of payment Offline/Online:**

1. Through demand draft in the name of “**DIRECTOR AIIMS NAGPUR**”, Payable at Nagpur
2. The following is the Account details of PDCC for online payment of Application fee.

Name of Account	DIRECTOR AIIMS NAGPUR
Account No	83940100003139
IFSC CODE	BARBOVJNAAP (the fifth digit is zero)
Branch	Bank of Baroda, AIIMS Nagpur

3. **The Receipt of online Payment along with application form and self-attested documents should be emailed to [academics@aiimsnagpur.edu.in](mailto:academics@aiimsnagpur.edu.in)**

**Note: -**

1. Please fill the application form carefully and submit the Self attested hardcopy of required documents, Application form should be sent through registered /speed post along with application fees.
2. Changes in the application will **NOT** be permitted after **20.02.2026**
3. Any correspondence will **NOT** be entertained in this regard.
4. Result for PDCC will be available on website [www.aiimsnagpur.edu.in](http://www.aiimsnagpur.edu.in)
5. Result of individual candidate will NOT be informed over telephone,

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## 1. INTRODUCTION

The All India Institute of Medical Sciences [AIIMS] was established to serve as a nucleus for nurturing excellence in all aspects of health and wellness programme throughout India. AIIMS are a group of autonomous public medical institutes that have been declared by an Act of Parliament 1956 as “Institute of National Importance”. All India Institute of Medical Sciences, Nagpur is one among the four AIIMS announced during the budget speech 2014-15 under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY).

As per Section 23 & 24, Institute has power to grant Medical, Dental or Nursing Degrees, Diplomas and other Academic distinctions and titles under this Act. The degrees granted by the Institute under the All India Institute of Medical Sciences Act are recognized qualifications for the purpose of the Indian Medical Council Act 1956.

## 2. GOAL

Post- doctoral certificate courses are offered for capacity building of postgraduates in specific areas.

## 3. AIMS

To enhance knowledge & skills of postgraduate students and faculty in special areas of their subject.

## 4. SUBMISSION OF APPLICATION

The applications are invited in a prescribed Format. The application form (with self-attested copies of all document) and fees (Demand Draft) must be submitted through **Speed Post** on the following Address. (for any postal delay AIIMS, Nagpur is **NOT RESPONSIBLE.**)

**Address: Academic Section, Administrative Block, Plot No.2, Sector-20, MIHAN, AIIMS Nagpur 441108. (MH)**

Submit the scanned copy of application form along with all self-attested documents through email to the email address [academics@aiimsnagpur.edu.in](mailto:academics@aiimsnagpur.edu.in)

## 5. POST DOCTORAL CERTIFICATE COURSES

Program	Duration	Specialty
Post- Doctoral Certificate(PDC) Course	1 year	Lifestyle Medicine

## 6. ELIGIBILITY

6.1. Candidates must possess, requisite qualification RECOGNISED by National Medical Commission, India(except for degrees not covered by National Medical Commission, India, where degrees must be recognized by respective bodies that approve qualifying courses).Postgraduate degrees from Departments/ Institutions to which NMC, India recognition has not been formally granted (for example: under consideration) will not be considered and applicants with such degrees may be rejected at any stage (if such fact comes to the notice at later stage).

Sr. No	Specialty	Essential Qualification (must be recognized by National Medical Commission, India at the time of application)
1	Lifestyle Medicine(LM)*	MD/MS/ DNB/ Diploma in any specialty

6.2 Candidates working under Central Govt./Semi Govt./Autonomous organization should submit their applications through proper channel i.e. employer. They will be required to submit a “No Objection Certificate” from employer along with their applications.

**Candidates possessing Masters Degree through Distance Learning mode will not be considered.**

## 7. DURATION OF THE COURSE

7.1 The duration of PDC courses is of one (01) year commence from the 1<sup>st</sup> April 2026.

## 8. COURSE FEE & STIPEND

8.1 PDC course fees of Rs 10,310/- One time payment through Demand Draft in favour of “Director AIIMS NAGPUR” payable at Nagpur.

8.2 \*No Stipend will be paid for PDC course in lifestyle medicine as it is an online course with three (3) contact sessions.

8.3 If a candidate wish to leave course within 6 months a penalty of Rs 50,000/- and after 6 months a penalty of Rs 1,00,000/- will have to be paid

## **9. SUMMARY OF EXAMINATION PATTERN FOR LIFESTYLE MEDICINE**

1	<b>Mode of Examination</b>	ONLINE
2	<b>Date of Examination</b>	09.03.2026 (Monday)
3	<b>Exam Type</b>	Interview
4	<b>Question type</b>	Subject related : (25 Marks)
5	<b>Method of Cut-Off</b>	50 percent
6	<b>Method of resolving ties</b>	Percentage of last qualifying exam followed by older age will be considered

9.1 For PDC Course in lifestyle medicine, application form with statement of purpose (SOP) will be invited by email. Selection will be based on previous experience, SOP and interview will be conducted online.

## **10 SEATS AVAILABLE**

<b>SR. NO.</b>	<b>SUBJECTS</b>	<b>NO. OF SEATS</b>
1	Lifestyle Medicine(LM)*	05

## **11 IMPORTANT INSTRUCTION REGARDING ENTRANCE EXAMINATION**

With reference to the admission Notice dated **04.02.2026** all the applicants are hereby informed that the entrance examination will be held as per given schedule as below.

<b>Date of Exam</b>	<b>Time of Exam</b>	<b>Scheme &amp; Syllabus of Examination</b>
09.03.2026 (Monday)	9:00 AM to 5:00 PM	As per Prospectus, Subject related

## **12 INSTRUCTIONS FOR SCRUTINY OF DOCUMENTS:**

- Date of Birth and Class X and XII Certificate
- Medical Council Registration of all degrees
- Mark-sheet of all exams
- Degrees of all qualification
- Attempt certificate
- Course Fee (Demand Draft)
- NOC from present employer (if applicable)
- Copies of any other relevant documents

**Candidates failing send the above mentioned by email will not be considered for final selection. Candidates are advised to visit AIIMS Nagpur website regularly for further updates.**

**13 PROCEDURE FOR REDRESSAL OF DISCREPANCY NOTICED:**

- 13.1 If any discrepancy in any question is found in the Entrance Examination, the candidate are advised to a E-mail: [academics@aiimsnagpur.edu.in](mailto:academics@aiimsnagpur.edu.in)
- 13.2 Discrepancy, if any, in the Prospectus, Admit Card etc. should be immediately brought to the notice through Email [academics@aiimsnagpur.edu.in](mailto:academics@aiimsnagpur.edu.in)
- 13.3 It will be the responsibility of the candidate to ensure that correct address, Mobile No. & email ID in Application Form, The Institute shall not be responsible for any miscommunication due, to incorrect address, Mobile No. and email ID given by the applicant in the Application Form.
- 13.4 Any Change in address, mobile No. and email ID should be intimated immediately to this office through registered mail.
- 13.5 If a candidate is at any stage found to have provided false information/certificate or is found to have withheld or concealed some information in his/her application form, he/she will be debarred from admission, his/her candidature will be terminated with immediate effect.
- 13.6 If ineligibility is detected at any stage, admission of the candidate will be cancelled without any notice.
- 13.7 There is no provision for re-checking/re-evaluation of the answer sheets and no query in this regard will be entertained.
- 13.8 The decision of the Executive Director, of the Institute shall be final in the matter of selection of candidates for admission to PDC Courses other Course and no appeal will be entertained in this regard.
- 13.9 Selected candidates should join the course within the stipulated date mentioned in the offer letter. Failing which, the selection/admission shall stand cancelled
- 13.10 Any dispute in this regard to any matter referred to herein shall be subject to the jurisdiction of Nagpur bench of High Court, High Court of Bombay.
- 13.11 Selected candidate for admission shall have to pay the prescribed fees within the stipulated period. Failing which, his/her admission shall be cancelled.
- 13.12 Prevailing rules are subject to change, in accordance with the decision taken by the Institute time to time.
- 13.13 At the time of admission, every student shall be required to sign a declaration that on admission he/she submits himself/herself to the disciplinary jurisdiction of the Director, AIIMS Nagpur and several authorities of the AIIMS, Nagpur who may be vested with the authority to exercise discipline under the Acts, the Statutes, the Rules and the rules that have been framed there under by Competent Authorities of AIIMS Nagpur.

## **DISCLAMER**

The prospectus is a compilation of information obtained and collated from Examination and Academic Sections of AIIMS, Nagpur, and other AIIMS and related sources. Due care has been taken to faithfully reproduce the information provided by various sources. AIIMS, Nagpur disclaims any liability towards any individual or group of individuals for any loss or damages caused due to him/her arising out of any action taken on the basis of any information contained in this prospectus that may be due to inadvertent omissions or errors or for any other reason whatsoever.

AIIMS, Nagpur reserves the right to suitably modify, update or delete or add any part of the prospectus as may be considered necessary by the Competent Authority.

**NOC FROM HEAD OF INSTITUTION**

**(For all PDC Courses)**

(where the candidate is employed other than AIIMS, Nagpur)

I certify that Mrs./Miss/Mr. \_\_\_\_\_ has been working in this Institution/University/College/Project as \_\_\_\_\_ in a temporary/ ad-hoc/ contractual/permanent capacity since \_\_\_\_\_. The present term of her/his appointment is up to \_\_\_\_\_

We have no objection for persuing \_\_\_\_\_ by Miss/Mrs/Mr. \_\_\_\_\_ and he/she will be granted leave to pursue the Post Doctoral Certificate Courses as required under the present rules of the AIIMS, Nagpur and as may be amended from time to time.

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

\_\_\_\_\_

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

**Signature of the Head of the Institution**

**(With Seal)**



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

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

Address: Plot No.2, Sector-20, MIHAN, Nagpur-441108

Email: [academics@aiimsnagpur.edu.in](mailto:academics@aiimsnagpur.edu.in) Website: [www.aiimsnagpur.edu.in](http://www.aiimsnagpur.edu.in)

**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**

**APPLICATION FORM DETAILS**

**Personal Information**

- Full Name
- Date of Birth
- Gender
- Nationality
- Contact Details
- Address
- Mobile Number
- Email ID
- Passport –size photograph

**Educational Qualifications**

- Degree(S) Obtained (MD/PhD or equivalent)
- Specialization
- Year of Passing
- University/Institute Name
- Percentage/CGPA (if applicable)

**Professional Experience**

- Total Years of Experience (Post- MD/PhD)
- Current Designation and Institution
- Previous Work Experience:
  - Designation
  - Organization/Institution
  - Duration of Employment
  - Relevant Clinical or Teaching Experience (related to lifestyle medicine)

**Research Background**

- Publication(provide details of minimum 2 indexed publications with DOI/links)
- Completed/Ongoing Research Projects
- Details of Presentations at National/International Conferences

**Statement of Purpose (SOP)**

Upload a document (1000-1500 words) outline: Motivation to pursue this course, Specific area of interest within lifestyle medicine, implementation plan after completing the course

**Additional Skills/Certifications**

Training or certification in: Nutrition, Yoga Therapy, Behavioral Medicine, Physical activity interventions

### **Commitment Declaration**

- Declaration of commitment for the entire duration of the program (format attached)
- Institutional sponsorship letter or NOC (if applicable)

### **Additional Documents**

- Proof of Educational Qualifications (MD/PhD Degree Certificate)
- Professional Experience Certificates
- Identity Proof (Aadhaar Card/ Passport/PAN Card)
- Proof of additional Skills/ Certifications

### **Application fee Payment**

- Payment details (Online Payment Receipt/Transaction ID)

**Signature**

- Digital/Scanned Signature of the applicant

## DECLARATION OF COMMITMENT

To,  
The Program Coordinator,  
Post- Doctoral Course in Lifestyle Medicine,  
AIIMS, Nagpur

Subject: Declaration of Commitment for Full- Time Engagement in the Program

Respected Sir/Madam,

I, (FULL NAME) hereby declare my commitment to dedicate myself fully to the Post Doctoral Certificate Course in Lifestyle Medicine at AIIMS Nagpur for the entire duration of one year.

I acknowledge and accept the following terms:

- I will actively participate in all academic and clinical activities associated with the program.
- I will adhere to the rules, regulations, and code of conduct as outline by the institution for this program.
- I understand that non –compliance with the above commitments may lead to disciplinary actions, including withdrawal of my enrolment in the program.
- I assure you of my utmost dedication, integrity, and active involvement in all aspects of the course to contribute meaningfully to the field of Lifestyle Medicine.

I submit this declaration willingly and in full understanding of the obligations stated herein.

Date: (DD/MM/YYYY)

Place: (You're City)

Signature: \_\_\_\_\_

Full Name: (Your Full Name)