

Application No.

Sri Dharmasthala Manjunatheshwara Colleges of Ayurveda Bangalore / Hassan / Udupi, Karnataka

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)

Managed by: S. D. M. Educational Society (R), Ujire - 574 240, D.K., Karnataka

**APPLICATION FOR ADMISSION TO AYURVEDACHARYA (B.A.M.S.) DEGREE
COURSE FOR THE ACADEMIC YEAR 2018-19**

Affix your recent
passport size
photograph

**PLEASE MAIL FILLED
APPLICATION TO:
ayuugadmission18@sdmesociety.in**

Order of Preferred College: 1) _____ 2) _____ 3) _____
(Bangalore / Hassan / Udupi)

1. Name of the applicant in full (BLOCK LETTERS) as in SSLC Marks Card / Birth Certificate									
2. Father's Name in full (BLOCK LETTERS)									
3. Mother's Name in full (BLOCK LETTERS)									
4. Permanent address with Pin code									
5. Name of the Guardian and relationship (If father is not alive)									
Telephone No. with STD Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>									
Mobile (Parent):	Mobile (Student):								
E-mail (Parent):									
E-mail ID (Student):	Blood Group (Student):								
6. Sex	Male/Female								
7. Date of birth as per School records and age	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">Age</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px; height: 20px;" type="text"/></td> </tr> </table>	Date	Month	Year	Age	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
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8. Place of Birth: Village/Town/City _____									
Taluk _____ District _____									
State _____									
9. Nationality									
10. a) Religion & Caste b) If belonging to any one of the categories the same is to be indicated by a tick mark (✓)	i) Religion ii) Caste: i) S. C. ii) S.T. iii) G. M. iv) Cat - I v) Cat - II (A) / (B) vi) Cat - III (A) / (B)								
11. Mother Tongue									
12. Annual Income of Parent/Guardian									
13. Occupation of the Parent									
14. Whether the applicant is vaccinated or pock marked?									
15. The defects if any, discovered at the last Medical Examination. Have they been remedied?									

16. Details of qualifying examinations passed by the applicant

i) Name of the qualifying Examination Reg. No. Month & Year

ii) Name of the college

iii) Board/University to which it is affiliated

SL. NO.	SUBJECT	MAX. MARKS	MARKS OBTAINED	%
01	PHYSICS			
02	CHEMISTRY			
03	BIOLOGY			
	TOTAL			

NEET MARKS	NEET PERCENTILE	NEET RANK

17. Source of information regarding the college

1. Self 2. College Web Site 3. Alumni 4. Practitioners 5. Govt. agencies 6. Embassy
7. Other if any specify

18. Achievements if any

1. Curriculum
2. Co-Curriculum
3. Extra - Curricular (Specify any) a. Sports b. Fine arts

19. Aim you want to achieve after graduation

20. Documents to be uploaded:

1. SSLC / X Std. Marks Card / Birth Certificate 8. Copy of Aadhar Card /
2. Pre University / XII Std. / B.Sc. Marks Card Nationality Certificate / Pass Port
3. Transfer Certificate (Previous College studied) 9. Domicile / Residential Certificate
4. Migration Certificate (University) 10. Caste Certificate
5. University Eligibility Certificate (For outside Karnataka) 11. Income Certificate
6. Conduct Certificate 12. Recent Passport size Photo
7. Medical Fitness (Specifying Blood Group) 13. **NEET Marks Sheet (Mandatory)**

DECLARATION BY THE APPLICANT

I hereby agree, if admitted to obey the rules and regulations at present in force or that may be here after made for the governance of the college and its attached Hospital and I undertake that I will not violate the rules of the College and Hospital and I will keep up the discipline.

Place:

Date: _____ Signature of the Applicant

DECLARATION BY THE PARENT/GUARDIAN

I Parent/Guardian of

..... do hereby declare that if my son/daughter/ward is admitted to the college. I bind myself responsible for his/her conduct, behaviour and prompt payment of his fees or dues in the Institution and I also agree to abide by the final decision of the Principal in disciplinary matters if any in regard to my son/daughter/ward.

Place:

Date: _____ Signature of the Parent/ Guardian

TO BE FILLED BY THE COLLEGE OFFICE

Date of Registration Fee Receipt No. Remarks

ORDER OF THE SELECTION COMMITTEE

1. Admit..... S/o. / D/o.

to I Prof. B.A.M.S. Class on payment of feesthis day.

2. Application Rejected

PRINCIPAL

SIGNATURE OF THE CHAIRMAN