

Application No.

Sri Dharmasthala Manjunatheshwara College of Ayurveda Udupi/Hassan, 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

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APPLICATION FOR ADMISSION TO M.D./M.S. (AYURVEDA) COURSE FOR THE ACADEMIC YEAR _____

1. Name of the applicant in full (Block Letters as in BAMS Marks Card)	<input type="text"/>
2. a) Father's Name	<input type="text"/>
b) Mother's Name	<input type="text"/>
3. a) Name of the Guardian (in the case of parents are not alive)	<input type="text"/>
b) Relationship to the applicant	<input type="text"/>
4. Present address of the Father/Guardian with pincode	<input type="text"/>
Telephone No. With STD Code:	<input type="text"/>
Mobile No. (Parent)	<input type="text"/>
Mobile No. (Student)	<input type="text"/>
5. Email ID	<input type="text"/>
6. Date of Birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age : Sex : Male / Female Blood Group :
Nationality : Religion : Caste : Category :	
1. Mother Tongue : 2. Annual Income :	
3. Occupation of the Parent :	
7. Name of the College & University from which Applicant passed Ayurvedic Degree course	<input type="text"/>
8. Month and year of passing the degree course with Reg. No.	<input type="text"/>
9. Whether the applicant completed his internship training programme (If Yes, date of completion)	YES / No.
10. Subject of specialisation the applicant desires to undertake	1) <input type="text"/> 3) <input type="text"/> 2) <input type="text"/>

Marks obtained in the final year degree examination

Sl. No.	Subject	Maximum marks	Marks secured	Class obtained
1.				
2.				
3.				
4.				
5.				
6.				
7.				
	Total			

11. Percentage of marks obtained in the Final year

12. Percentage of marks in the subject in which he/she desires to specialize

Subject	% of Marks	Attempt
1)		
2)		
3)		

13. Attach Xerox copies of

- | | |
|----------------------------------------------|--------------------------------------------------------------------|
| a) First to Final Year BAMS Marks card | b) BAMS Degree certificate (Prov / Perm) |
| c) Internship Completion certificate | d) Transfer Certificate |
| e) Attempt Certificate | f) Date of Birth Certificate (SSLC / 10 th marks card) |
| g) Registration Certificate of the Board | h) Conduct certificate |
| i) Migration certificate | } (Applicable for outside Karnataka candidates only) |
| j) Eligibility Certificate of the University | |

DECLARATION BY THE APPLICANT

I S/o./ D/o. do hereby solemnly and sincerely affirm that the statements made and information furnished in my application are true. Should it, however be found that any information furnished is untrue in material particulars, I realise that I am liable to criminal prosecution and that the seat in the institution given to me shall be forfeited.

I hereby declare that if admitted to the college, I shall abide by all the rules of conduct and discipline in force in the college and the hospital and those that may be made in future by the concerned authorities for the smooth governance of the College and the Hospital. I am aware that I am liable for disciplinary action which might include expulsion from the college, for non-compliance of the rules of discipline and conduct.

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 / her 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 Dr..... S/o. / D/o.
to 1 year of the M.D./M.S. Course in subject
on payment of fees Rs..... (.....)

❖ 2. Application Rejected

Dated :

.....
Principal

.....
Signature of the Chairman

❖ Strike out whichever is not applicable