



**SHRI DHARMASTHALA MANJUNATHESHWARA COLLEGE OF  
NATUROPATHY AND YOGIC SCIENCES, UJIRE – 574240**

(Affiliated to Rajiv Gandhi University of Health Science, Bangalore)

Managed by: Sri Dharmasthala Manjunatheshwara Educational Society (R), Ujire, Karnataka State

**APPLICATION FOR ADMISSION TO BNYS DEGREE COURSE**

Application No ..... FOR THE ACADEMIC YEAR .....

<b>FOR OFFICE USE ONLY</b>	
Admit the candidate to 1st year BNYS Class	
During the year	.....
Date of Admission	.....
Secretary	

Affix a recent Passport Size Color Photograph
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**Note:**  
Applications incomplete, with the required certificates & not accompanied by a cash receipt or Demand Draft towards non-refundable Registration Fee of Rs. 500/- & will not be considered.

1.	Name of the Applicant (In Block Letters exactly as in the Marks Card of qualifying examination)												
2.	Sex (Tick √ the appropriate box)	Male						Female					
3.	Date of Birth as per school records	D	D	M	M	Y	Y	Y	Y	Age:		Yrs	
4.	Nationality												
5.	Religion												
6.	Caste: Mention category(Tick √ the appropriate): For Students of Karnataka state:	S. C				S. T.				Others			
7.	Mother Tongue												
8.	Father's Name												
9.	Mother's Name												
10.	Name of the Guardian and relationship (If Father is not alive)												
11.	Occupation												
12.	Annual Income												

### Details of the Qualifying Examination passed by the applicant

13.	Name of the Examination												
14.	Name of the Board/University to which it is Affiliated/recognized												
15.	Registered Number												
16.	Month & Year of Passing												
17.	Medium of Instruction												
18.	Name of the College												
19.	Marks Obtained in Qualifying Examination	<b>SUBJECT</b>	<b>MONT H /YEAR</b>	<b>MAX. MARKS</b>	<b>MARKS OBTAINED</b>								
		ENGLISH											
		PHYSICS											
		CHEMISTRY											
		BIOLOGY (Zoology & Botany)											
	<b>Total</b>												
20.	Total Percentage in PCB/Z	..... %											
21.	Extra Curricular activities												

### Details of the Documents submitted:

22.	Details of Eligibility Certificates issued by the Rajiv Gandhi University of Health Sciences, Bangalore. <b>(Non-Karnataka/Foreign Candidates)</b>	Certificate No : Date of Issue :	
23.	Particulars of Payment of application registration fees paid	Rs..... Name of the Bank: DD. No..... Rt. No.....	
24.	Enclosed Xerox copies of following documents :	SSLC/10 <sup>th</sup> Std. Mark Card	Yes/No
		PUC/10+2 Marks Card	Yes/No
		Physical fitness certificate	Yes/No
		Character certificate from the Institution where the candidate studied last	Yes/No
		Transfer/School leaving Certificate	Yes/No
		Eligibility Certificate from RGUHS, Bangalore	Yes/No

**Contact Details:**

25.	Permanent Postal Address										
	Pin Code										
26.	Address for correspondence										
	Pin Code										
27.	Telephone Number with STD Code										
28.	Mobile No										
29.	E-mail										
30.	Other										

**DECLARATION BY THE APPLICANT**

I am given to understand that the admission is provisional and subject to approval by Rajiv Gandhi University of Health Sciences, Bangalore. I promise to abide by the Rules and Regulations of the college, Hospital and Hostel. I am informed that unless I appear for the Internal Assessment Tests and pass in them, my progress will not be considered as satisfactory. Unless I have 80% attendance, I will be eligible to appear for the University Examinations.

I agree to these conditions.

Station:

Date:

Signature of the Applicant

**UNDERTAKING BY THE PARENT/LEGAL GUARDIAN**

In the event of the applicant who is my son/daughter/ward, being admitted to the Institution, I hereby give an undertaking to pay regularly all his/her fees due to the institution till his/her completion of the studies. I also undertake to be responsible for his/her conduct and discipline in all aspects.

Station:

Date:

Signature of the parent/Legal Guardian

Name:

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