



Sri Sri College of Ayurvedic Science & Research

21st K.M., Kanakapura Road, Udayapura, Bangalore - 560 082
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E-mail : ayurvedacollege@ssrvn.org www.ssrvn.org

Please affix
Passport Size
Photograph here

APPLICATION FOR ADMISSION

First Year M.D/M.S Course for the year 20____ - 20____

Application Number:

Admission Number:

1. Name of the Applicant (in CAPITAL):

2. Date of Birth:

Age:

Blood Group:

3. Sex:

 Male Female

Place of Birth:

4. Religion:

Caste:

Sub Caste:

5. Nationality:

6. Address for correspondence:

Permanent Address:

PIN

PIN

7. Name of Father / Guardian:

Office Phone*:

Res. Phone*:

Occupation:

Name of Mother / Guardian:

Office Phone*:

Res. Phone*:

Occupation:

Name & Address of Local Guardian:

PIN

Phone*:

E-mail:

Total income of family from all sources:

*Please include STD Code

8. Name of the College & University from which applicant passed BAMS Degree Course

9. Month & year of passing the BAMS Course with Reg. No.

10. Whether the applicant completed the Internship training programme (If yes, date of Completion) Yes / No

11. Subject of Specialization the applicant Desire to undertake 1)
2)
3)

12. Marks obtained in the final year degree examination

Sl.No.	Subject	Maximum Marks	Marks Secured	Class Obtained
1				
2				
3				
4				
5				
6				
7				
8				
Total				

13. Percentage of Marks obtained in the final year :

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

Subject	% of Marks	Attempt
1)		
2)		
3)		

15. List of enclosures attach with the application form (Photostat copies)

1. First to Final year BAMS Marks Card, 2. BAMS Degree Certificate (Prov./Perm), 3. Internship Completion certificate, 4. Transfer Certificate, 5. Attempt Certificate, 6. Date of Birth Certificate (SSLC/10th Marks Card), 7. Registration certificate of the Board, 8. Conduct Certificate, 9. Eligibility Certificate, 10. Migration Certificate (Applicable for candidates studied outside Karnataka)

Declaration by Candidate

I, _____ hereby declare that all the information provided above are true and correct. I agree that if admitted, I will conform to all the rules and regulations as stipulated by the administration of the college from time to time.

Place :

Date :

Signature of the Candidate

Declaration by the Parent / Guardian

I, _____ hereby declare that I can afford to and will make all the payments as applicable and decided by the management of the college from time to time.

Place :

Date :

Signature of the Parent / Guardian

FOR OFFICE USE ONLY

Eligible / Not eligible for Admission

Admitted / Not Admitted

Signature of Admission Clerk / Superintendent

Signature of Principal