



# Sri Sri College of Ayurvedic Science & Research

21st K.M., Kanakapura Road, Udayapura, Bangalore - 560 082  
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Please affix  
Passport Size  
Photograph here

## APPLICATION FOR ADMISSION

First Year BAMS 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. Educational Qualifications:**

Examination Passed	Name of the Board/University	Year of Passing	Class Obtained	Medium of Instruction	% of Marks obtained in Aggregate of All subjects	Subject	Marks	%
PUC/**equivalent						Physics		
						Chemistry		
						Biology		

SSLC/\*\*equivalent

Any other course

\*\* in case of Equivalent Examination(s) passed, mention the name(s) of examination(s).

% of marks obtained in optional subjects

9. Name and address of the college where you studied last:

10. Whether all the relevant documents enclosed:

**List of enclosures to accompany the application form (Photostat copies)**

1. SSLC / Equivalent examination marks card.
2. PUC / Equivalent examination marks card.
3. Transfer Certificate
4. Physical Fitness Certificate issued by the Medical Officer (including Ayurvedic Physician) not below the rank of Assistant Surgeon.
5. Migration Certificate issued by the university in case of candidate coming from outside the State of Karnataka (during the time of admission.)
6. Four Passport size and Four Stamp size photographs, of which one has to be affixed to the application form in the space provided.

**Declaration by Candidate**

I, \_\_\_\_\_ hereby declare that all the information provided above are true and correct. I agree that if admitted, I will confirm 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