

CET/NEET Code: I717



MUNIYAL INSTITUTE OF AYURVEDA MEDICAL SCIENCES

A unit of: Dr. U. Krishna Muniyal Memorial Trust (R)

34-C, Shivally Ind. Area, MANIPAL - 576 104, Karnataka. Phone: (0820) 2572819, 2575025 E-mail: info@ayurvedas.com www.ayurvedas.com

Recent Passport Size photo of the applicant to be affixed here

Application for Admission to B.A.M.S. Degree Course

1.	Applicant's Name:																			
	(in full and block letters)																			
2.	AADHAR No.															1				
3.	Father's Name:														1	Mobil	e:		 	
4.	Mothers's Name:														I	Mobil	e:		 	
5.	a) Name of the Guar	rdian:													N	Mobil	e:		 	
	b) Relationship to th	ne applic	cant:																 	
6.	Permanent address o	of Fathe	r / Guar	dian:																
7.	. Present address of the Father / Guardian:																			
8.	Contact No.:																			
9.	Age: Dat	te of Bi	rth:				Blo	od G	roup:			Sez	x: M/	FN	ation	ality:			 	
	Religion:		Mothe	er tong	gue:						Cas	te:				Са	itegoi	y:		
10.	Hostel Facility: RE	EOUIRE	ED / N	OT RI	eoui	IRED)													
11.	-																			
12.																				
12.																				
13.	 Defects. if any, discovered at the last Medical Examination. Have they been remedied? 																			
1.4																			 	
14.	Name of the College last attended:																			
15. Month and year of passing Pre-University/Equivalent Exams with Reg. Nos.:								 												
	Percentages of Marks: Percentages of Marks in optional subjects (II Year PCB):																			

17. True Copy of Certificates to be attached at the time of Registration (Tick if attached. Original Certificates to be produced at the time of interview) Percentile/Rank:

- 1. SSLC/10th Marks Card / Date of Birth Certificate
- 2. Pre-University Marks Card
- 3. NEET result Sheet
- 4. Conduct Certificate
- 5. Medical Fitness Certificate
- 6. University Eligibility Certificate (For outside Karnataka Candidates)
- 7. Migration Certificate (For outside Karnataka Candidates)

Details the Pre-University / Equivalent II Year Marks Card

No.	Subject	Maximum Marks	Marks Obtained	No.	
1.				5.	
2.				6.	
3.				7.	
4.				8.	
		•			

No.	Subject	Maximum Marks	Marks Obtained
5.			
6.			
7.			
8.			
		TOTAL	

DECLARATION BY THE APPLICANT

I hereby agree, (if admitted) to obey the rules and regulations at present in force or that may be hereafter 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.

Date & Place.....

Signature of the Applicant

DECLARATION BY THE PARENT / GUARDIAN

Date & Place.....

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.

to 1st professional B.A.M.S. Class on payment of fees this day.

2. APPLICATION REJECTED

Signature of Principal

Signature of The Chairman