

**JSS MAHAVIDYAPEETHA, MYSURU
JAGADGURU SRI SHIVARATHREESHWARA AYURVEDA MEDICAL COLLEGE
LALITHADRIPURA ROAD, MYSURU 570 028**

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru
& Recognised by Central Council of Indian Medicine, New Delhi)



No.

**Application Form for Admission to
First Year MD Course 20 - 20**

Ph : 0821-2548360, Fax: 0821-2548361, e-mail: college@jssamch.org. website: www.jssayurvedacollege.org.

1. Name of the applicant in full
(Block letters as in BAMS Marks Card)

2. a) Father's Name
b) Mother's Name

3. a) Name of the Guardian
(in the case of parents are not alive)
b) Relationship to the applicant

4. Present Address of the
father/Guardian With Pin Code

Telephone No.with STD Code

Mobile (Parent) :

Mobile (Student) :

5. Email ID :

6. Date of Birth : 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 | |
| 8. Month and year of passing the degree course with Reg. No. | |
| 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) _____ 3)
2) _____ |

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 <input type="checkbox"/> | b) BAMS Degree certificate (Prov / Perm) <input type="checkbox"/> |
| c) Internship Completion certificate <input type="checkbox"/> | d) Transfer Certificate <input type="checkbox"/> |
| e) Attempt Certificate <input type="checkbox"/> | f) Date of Birth Certificate (SSLC / 10th mrks card) <input type="checkbox"/> |
| g) Registration Certificate of the Board <input type="checkbox"/> | h) Conduct certificate <input type="checkbox"/> |
| i) Migration certificate <input type="checkbox"/> | j) Eligibility Certificate of the University <input type="checkbox"/> |
| k) The student should submit scanned copies of photo & all the certificate <input type="checkbox"/> | (Applicable for outside Karnataka candidates only) |

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 form 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 ofdo 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
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ORDER OF THE ADMISSION AUTHORITY

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

❖ 2. Application Rejected.....

Dated:

Admission Authority

PRINCIPAL

❖ Strike out whichever is not applicable