

Application No.



Last Date for submission.....

SRI DHARMASTHALA MANJUNATHESHWARA COLLEGE OF NATUROPATHY AND YOGIC SCIENCES, UJIRE - 574 240

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

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

APPLICATION FOR ADMISSION TO BNYS DEGREE COURSE FOR THE ACADEMIC YEAR.....

FOR OFFICE USE ONLY

Admit the candidate to 1st year BNYS class
during the year.....

Date of Admission.....

Secretary

Passport size
recent
Colour Photo

N.B.: Application not accompanied by a cash receipt or Demand Draft towards non-refundable Registration Fee of Rs. 100/- only & with the required certificates will not be considered.

1. Name of the Applicant (In Block Letters: exactly as in the Marks Card of qualifying examination)	
2. Father's Name	
3. Mother's Name	
4. a) Sex	Male/Female
5. Permanent Postal Address with Pin Code	
	PIN CODE
6. Address for Correspondence	
7. Telephone Number with STD Code Cell No.: E-mail:	
9. Date of Birth as per school records & Age	
10. Nationality	

11.	a) Religion & Caste b) Mention the category	Religion: _____ Caste: _____ i) S.C. ii) S.T. iii) Others-
12.	Mother Tongue	
13.	Name of the Guardian and relationship (If Father is not alive)	
14.	Annual Income and occupation	
15.	Details of the Qualifying Examination Passed by the applicant a) Name of the Examination b) Name of the Board/University to which it is Affiliated/recognized c) Registered Number: d) Month & Year: e) Medium of Instruction: f) Name of the College:	

16. Marks Obtained in Qualifying Examination:

SUBJECT	MONTH/YEAR	MAX. MARKS	MARKS OBTAINED
ENGLISH			
PHYSICS			
CHEMISTRY			
BIOLOGY (Zoology & Botany)			
TOTAL			

Total Percentage in PCB/Z.....%

17.	Details of Eligibility Certificates issued by the Rajiv Gandhi University of Health Sciences, Bangalore (Non-Karnataka/Foreign Candidates)	Certificate No: _____ Date of Issue: _____
18.	Extra curricular activities	
19.	Particulars of payment of application registration fees paid	Rs. _____ Cash/Draft Name of the Bank: _____ DD. No.: _____ Rt. No. _____
20.	Enclose Xerox copies of following documents:	
	a. SSLC/10th Std. Marks Card	Yes/No
	b. PUC/10+2 Marks Card	Yes/No
	c. Physical fitness certificate issued by Registered Medical Practitioner	Yes/No
	d. Character certificate from the Head of the Institution where the candidate studied last.	Yes/No
	e. Transfer/School leaving Certificate	Yes/No
	f. Eligibility Certificate from RGUHS, Bangalore	Yes/No

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 not be eligible to appear for the University Examinations.

I agree to these conditions.

Station:

Date:

Signature of the Applicant

Name of the student:

Father's Name:

Address:

Telephone No with STD code:

Cell No.: Email:

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:

Signature of the Parent/Legal Guardian

Date:

Name: