Rajeev Education Trust (R)

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**RAJEEV INSTITUTE OF AYURVEDIC MEDICAL COLLEGE, AND RESEARCH CENTRE.**

(Recognized by ministry of AYUSH, CCIM, Govt. of Karnataka & Affiliated to RGUHS, Bangalore)

Plot 1D-P2, Industrial Area, B.M. Bypass Road, HASSAN- 573201, KARNATAKA, INDIA.

Email : rajeevayuhassan@gmail.com Ph: 8296171966 Web : [www.riams.in](http://www.riams.in)

**APPLICATION FOR ADMISSION TO AYURVEDACHARYA (B.A.M.S)**

**COURSE FOR THE ACADEMIC YEAR 2021-2022**

**Application No:**

|  |  |
| --- | --- |
| Name Of The Applicant (BLOCK LETTER) |  |
| Gender |  |
| Date of Birth |  |
| Age |  |
| Place of Birth |  |
| Nationality |  |
| Religion & Caste |  |
| Name of the Father (BLOCK LETTER) |  |
| Occupation of the Father |  |
| Name of the Mother (BLOCK LETTER) |  |
| Occupation of the Mother |  |
| Permanent / Present Address |  |
| Student mobile number |  |  |  |  |  |  |  |  |  |  |
| Parent mobile number  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Details of SSLC Examination**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name Of The Institute | Name Of The Board | Register No. | Month | Year | Total Marks | Secured Marks | Percentage |
|  |  |  |  |  |  |  |  |

**Details of pre-university (PUC) examination passed**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name Of The Institute | Name Of The Board | Register No. | Month | Year | Total Marks | Secured Marks | Percentage |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SI NO** | **Subject** | **Max.Marks** | **Marks obtained** | **Percentage** |
|  | Physics  |  |  |  |
|  | Chemistry  |  |  |  |
|  | Biology  |  |  |  |
| **Total**  |  |  |  |

**DECLARATION BY THE APPLICANT & PARENT**

We here by wish to join your prestigious college for the course of BAMS after the NEET eligibility.

 We here by declared that the above said information is true to best our knowledge.

**Place:**

**Date:**

 **Signature of the Applicant Signature of the Parent**