# J.D. AYURVEDIC MEDICAL COLLEGE & HOSPITAL

Bhankari, G.T. Road, Aligarh-202001 (U.P.)

Approved by CCIM, New Delhi, & Department of AYUSH Ministry of Health & Family Welfare Govt. India, New Delhi
To be Affiliated to Dr. B.R. Ambedkar University, Agra (U.P.)

### **ADMISSION FORM FOR P.G.**

Reg	gistration	No	••••			
Adm Ranl Nam Acad Date Mod	nission No  c obtained by  the of the cours  demic Session  of Admission	the candidate in P.G. ense	trance test		Affix a latest Passport Size Photograph	
		Name of The Bank	Date	Amount (Rs.)		
		(TO BE	FILLED IN B	Y THE CANDIDATE)		
1.	Name of the Candidate:					
	(In capital le	etters)				
2.	Fathers Nan	ne:		Occupation.		
3.	Mothers Na	me:		Occupation		
4.	Date of Birth.					
5.	Age (as on 31.10.2015)					
6.	Mark of Identification:					
7.	Marital Status – (Single/Married)					
8.	ReligionCategory (SC/ST/OBC/Others)Nationality					
9.	Present Add	lress				
			Pin	Tele No		
10.	Permanent A	Address				
			Pin	Tele No		
11	Lact Evamir	nation: Passed		Vear		

#### 12. Details of Examination Passed:

Name of Exam. Passed	Uni./Board	Year	Div/Grade	Percentage	Subjects
High School					
Intermediate/Equiv.					
B.A.M.S.					

### **DECLARATION BY THE CANDIDATE**

I	S/o, D/o	promise that I shall
remain in discipline in the colleg	e. I shall not participate in any violence	e/ infighting while remaining in
college. I shall obey all laws o	f the college and shall abide by my	teachers. If any complaint of
indiscipline or misbehavior is for	and against me, the college authorities	will have every right to fine me
in any respect. I shall faithfully	abide by that. I shall have no objection	on if the Management/principal
finds it suitable to rusticate me fr	om the college.	

I declare that I am applying for admission with the consent of my parent/guardian and that the particulars given above are correct and true to the best of my knowledge. I have read the college Handbook of Information for the current session as well as the admission requirements as laid down by the University for the Course. I agree to abide by the rules and regulations given herein. I further declare that I shall submit myself to the disciplinary jurisdiction of the Management/ Principal of the college, the Vice Chancellor and the other authorities of the University who may be vested with the power to exercise discipline under the act, the statutes, the ordinances and rules framed by the University. In this behalf I understand that my admission, if made, by the college is provisional and will be subject to confirmation by the University.

Date/ 2015	Full Signature of the Candidate

## **DECLARATION BY THE PARENT/GUARDIAN**

I promise to pay all the college dues as per given schedule of my son/daughter				
The applicant will indulge in his studies obeying all the laws and by-laws and will maintain discipline. He will				
not indulge in any such activity which adversely affects the discipline, dignity or honor of the college. I shall be				
accept if any punishment is given for such type of action.				
I further assure that I shall be responsible for my son/	daughter in every aspect. The responsibility to			
bring my son/daughter to the college and taking his/her back lie on me. He/She will wear simple and decent				
clothes till he/she remains a student of the college.				
Date/ 2015	Full Signature of Parent/Guardian			
(For office use o	nly)			
All necessary Certificates as per mention above are attached and form was filled properly.				
Authorized Signatory	Principal/Supdt.  J.D. Ayurvedic Medical College & Hospital, Bhankari, G.T. Road, Aligarh (UP)			