



**SHRI DHARMASTHALA MANJUNATHESHWARA COLLEGE OF
NATUROPATHY AND YOGIC SCIENCES, UJIRE – 574240**

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

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

APPLICATION FOR ADMISSION TO BNYS DEGREE COURSE

Application No FOR THE ACADEMIC YEAR

FOR OFFICE USE ONLY	
Admit the candidate to 1st year BNYS Class	
During the year
Date of Admission
Secretary	

Affix a recent Passport Size Color Photograph

Note:
Applications incomplete, with the required certificates & not accompanied by a cash receipt or Demand Draft towards non-refundable Registration Fee of Rs. 400/- & will not be considered.

1.	Name of the Applicant (In Block Letters exactly as in the Marks Card of qualifying examination)												
2.	Sex (Tick √ the appropriate box)	Male						Female					
3.	Date of Birth as per school records	D	D	M	M	Y	Y	Y	Y	Age:	Yrs		
4.	Nationality												
5.	Religion												
6.	Caste: Mention category(Tick √ the appropriate): For Students of Karnataka state:	S. C				S. T.				Others			
7.	Mother Tongue												
8.	Father's Name												
9.	Mother's Name												
10.	Name of the Guardian and relationship (If Father is not alive)												
11.	Occupation												
12.	Annual Income												

Details of the Qualifying Examination passed by the applicant

13.	Name of the Examination												
14.	Name of the Board/University to which it is Affiliated/recognized												
15.	Registered Number												
16.	Month & Year of Passing												
17.	Medium of Instruction												
18.	Name of the College												
19.	Marks Obtained in Qualifying Examination	SUBJECT	MONTH /YEAR	MAX. MARKS	MARKS OBTAINED								
		ENGLISH											
		PHYSICS											
		CHEMISTRY											
		BIOLOGY (Zoology & Botany)											
	Total												
20.	Total Percentage in PCB/Z %											
21.	Extra Curricular activities												

Details of the Documents submitted:

22.	Details of Eligibility Certificates issued by the Rajiv Gandhi University of Health Sciences, Bangalore. (Non-Karnataka/Foreign Candidates)	Certificate No : Date of Issue :	
23.	Particulars of Payment of application registration fees paid	Rs..... Name of the Bank: DD. No..... Rt. No.....	
24.	Enclosed Xerox copies of following documents :	SSLC/10 th Std. Mark Card	Yes/No
		PUC/10+2 Marks Card	Yes/No
		Physical fitness certificate	Yes/No
		Character certificate from the Institution where the candidate studied last	Yes/No
		Transfer/School leaving Certificate	Yes/No
		Eligibility Certificate from RGUHS, Bangalore	Yes/No

Contact Details:

25.	Permanent Postal Address										
		Pin Code									
26.	Address for correspondence										
		Pin Code									
27.	Telephone Number with STD Code										
28.	Mobile No										
29.	E-mail										
30.	Other										

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 be eligible to appear for the University Examinations.

I agree to these conditions.

Station:

Date:

Signature of the Applicant

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:

Date:

Signature of the parent/Legal Guardian

Name:
