

Application No.

Sri Dharmasthala Manjunatheshwara College of Naturopathy & Yogic Sciences



Ujire - 574 240, Karnataka

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

Managed by : S. D. M. Educational Society (R), Ujire - 574 240, D.K., Karnataka

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**APPLICATION FOR ADMISSION TO
M.D. COURSE
FOR THE ACADEMIC YEAR _____**

1. Name of the applicant in full
(Block Letters as in BNYS 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 pincode

Telephone No. With STD Code:

Mobile No. (Parent)

Mobile No. (Student)

5. Email ID

6. Date of Birth : Age : Sex : Male / Female Blood Group :
Nationality : Religion : Caste : Category :
1. Mother Tongue : 2. Annual Income :
2. Occupation of the Parent :

7. Name of the College & University from which Applicant passed BNYS 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 BNYS Marks card
- c) Internship Completion certificate
- e) Attempt Certificate
- g) Registration Certificate of the Board
- i) Migration certificate
- j) Eligibility Certificate of the University

- b) BNYS Degree Certificate (Prov / Perm)
- d) Transfer Certificate
- f) Date of Birth Certificate (SSLC / 10th marks card)
- h) Conduct Certificate

(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 from 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 of

..... do 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

ORDER OF THE SELECTION COMMITTEE

❖ 1. Admit Dr. S/o. / D/o.

to I year of the M.D.Course in subject

on payment of fees Rs..... (.....)

❖ 2. Application Rejected

Dated :

Principal

Signature of the Chairman

❖ Strike out whichever is not applicable