



**Shri Jagadguru Gurushiddheswar Co-Operative Hospital Society's
AYURVEDIC MEDICAL COLLEGE**

(Centre For Post-Graduate Studies)

At:Po:-Ghataprabha Tal;-Gokak Dist;-Belgaum Pin Code No.591 321 (Karnataka)

(Affiliated to Rajiv Gandhi University Of Health Sciences, Bangalore ,

Recognized by Central Council Of Indian Medicine & Dept of AYUSH - New-Delhi)

Application for Admission to Ayurveda Vachaspathi M.D.(Ay)/M.S.(Ay). For the Year _____

To _____

The Principal

Shri J.G.C.H.S.Ayurvedic Medical College.,

(Centre for Post-Graduate-Studies)

Ghataprabha.

Sir,

I beg to apply for the Admission to M.D./M.S. in _____ and furnish herewith following information.

I hereby agree to confirm to the rules and regulations including anti-ragging rules at present in force of that may be hereafter made for the governance of the college and its attached Hospital, and I undertake that so long as I am a student of this college, I will do nothing either inside or outside the college, and hospital that will interfere with their orderly governance and discipline.

1. Name in full _____
(Beginning with surname in capital letters)

2. Permanent Address _____

3. Temporary Address _____

4. Address for Correspondence _____

5. Name of Qualifying Examination _____
Passed

6. Month and Year of Passing _____

7. Date of Completion of Internship. _____

8. College from which Passed _____

9. University from which Passed _____

10. University Seat/Reg.No. _____

- 11. Total Marks obtained in final Examination & Percentage. _____
- 12. Additional Qualifications. _____
- 13. Date of Birth _____
- 14. Age _____ 15. Sex _____ 16. Married/Unmarried _____
- 17. Mother Tongue _____ 18. Urban/Rural Area _____
- 19. Religion/Caste/Sub-Caste _____ 20. Blood Group. _____
- 21. Do you belongs to SC/ST _____
- 22. Annual Income from all sources _____

Admit me provisionally for _____ at my risk for th academic year _____ subject to the final approval of Rajiv Gandhi University Of Health Sciences, Bangalore.

Date _____

Yours faithfully

Place _____

Name & Signature of the Candidate

LIST OF THE CERTIFICATS ATTACHED WITH THE APPLICATION

- | | |
|---|---------|
| 1. Final year Marks list. | Yes/ No |
| 2. Internship Completion Certificate | Yes/ No |
| 3. P.U.C. Marks Card | Yes/ No |
| 4. Passing Certificate | Yes/ No |
| 5. Birth Date Certificate | Yes/ No |
| 6. Character certificate | Yes/ No |
| 7. Physical Fitness Certificate from Govt. Hospital | Yes/ No |
| 8. Attempt Certificate | Yes/ No |
| 9. Eligibility Certificate from RUGHS, Bangalore | Yes/ No |

Note:-

- 1. Xerox copies of the certificates duly attested by Gezatted Officer must be attached.
- 2. Application must be filled by applicant's own had writing.
- 3. Incomplete application will not be considered.
- 4. Fees once paid will not be refunded on any account.

For Office Use Only

The candidate is admitted/not admitted _____ to _____ on _____.

Remarks: _____

PRINCIPAL
 Shri J.G.C.H.S. Ayurvedic Medical College.,
 (Centre for Post-Graduate Studies)
 Ghataprabha-591 321 (Tal: Gokak).