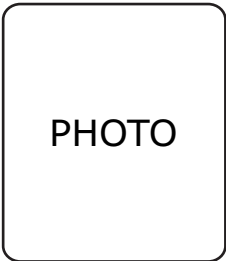


R.B. Ayurvedic Medical College & Hospital

Form for BAMS Course
Session - 2017-18



1. NAME

2. FATHER'S NAME

3. D.O.B.

D	D
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M	M
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Y	Y	Y	Y
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 Age as on 30.09.2017

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4. CONTACT NO.

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 MAIL-

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5. CATEGORY GEN. MINORITY OBC SC ST OTHER

6. Caste Religion

FATHER'S OCCUPATION ANNUAL INCOME

QUALIFICATION PROFESSION

CONTACT NO. 1.

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 2.

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E-MAIL

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7. DOMICIALE

8. MOTHER'S NAME

MOTHER'S OCCUPATION ANNUAL INCOME

QUALIFICATION PROFESSION

CONTACT NO. 1.

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 2.

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9. PERMANENT ADDRESS House No. Street/Road/Village

Building/Appt.....

Area/Locality/Tehsil

City/District Pin

10. PRESENT ADDRESS House No. Street/Road/Village

Building/Appt.....

Area/Locality/Tehsil

City/District Pin

11. LOCAL GUARDIAN House No. Street/Road/Village

(IF ANY) Building/Appt.....

Area/Locality/Tehsil

City/District Pin

ACADEMIC DETAILS

CLASS	BOARD	MEDIUM	SCHOOL NAME & ADDRESS	SUBJECT	PASSING YEAR	PERCENTAGE %		OVERALL %
						PCB	ENGLISH	
10th								
12th								
Others								

ENTRANCE EXAM APPEARED :- C-PAT / NEET / Other

C-PAT ROLL NO.

C-PAT RESULT - QUALIFIED/FAILED RANK..... SCORE

Enclosure:

1. Photocopy of Certificate of 10 std.
2. Photocopy of 10+2 marksheet
3. Photocopy of ID Proof (Father/Student)
4. Photocopy of C-PAT Score Card
5. Category Certificate

DECLARATION

I F/o Age resident of declare that all the information given here by me is true to the best of my knowledge.

Candidate's Signature

Father's Signature

OFFICE USE ONLY

Demand Draft No. Bank

Date Amount

Signature Account Manager