



DBAET'S

SBG AYURVEDIC MEDICAL COLLEGE & HOSPITAL BELAGAVI

(Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore) (Recognised by Ministry of AYUSH, NCISM New Delhi)

CTS NO. 4125/2B, Laxmi Tekdi, Opp. Federal Bank, Ganeshpur Road, Belagavi - Karnataka

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Email : sbgadmissions@gmail.com, sbgamcbelagavi@gmail.com Website : www.sbgamch.org



DATE :

ADMISSION FORM

NO. :

Application for admission to BAMS course for the academic year.....

(FILL IN BLOCK LETTERS ONLY)

STUDENT NAME (As per 10th Marks card)										
GENDER		DATE OF BIRTH	DD MM YYYY	BIRTH PLACE						
RELIGION	CASTE									
CATEGORY	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>	CAT1 <input type="checkbox"/>	2A <input type="checkbox"/>	2B <input type="checkbox"/>	3A <input type="checkbox"/>	3B <input type="checkbox"/>	GEN <input type="checkbox"/>	MINORITY <input type="checkbox"/>
PERMANENT ADDRESS										
	CITY									
	PIN CODE <input type="text"/>			RURAL <input type="checkbox"/>			URBAN <input type="checkbox"/>			
DIST.						STATE				
STUDENT MOBILE	BLOOD GROUP :									
STUDENT E-mail ID										
PARENT E-mail ID										
ADHAAR No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SEAT CATEGORY	Management		KEA		All India NEET					
ENTRANCE RANK	ENTRANCE PERCENTAGE									
12TH / PUC REG. NO.	12TH / PUC PASSED DATE									
UNIVERSITY / BOARD										
MARKS OBTAINED IN QUALIFYING EXAMINATION (PUC/10+2)	PHYSICS	CHEMISTRY	BIOLOGY	TOTAL	PCB %					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
ADDITIONAL INFO										
NAME				OCCUPATION			CONTACT NO.			
FATHER NAME :										
MOTHER NAME :										
PARENT'S SIGNATURE						STUDENT SIGNATURE				

DECLARATION OF THE CANDIDATE

I hereby declare that the information furnished in the application is true to the best of my knowledge. I agree, if admitted, I shall abide by the rules and regulations of the institute conferred by governing council. I undertake to maintain dignity and decorum of the college and hospital by adhering to discipline.

Parents / guarding' Signature

Signature of the applicant

INSTRUCTION FOR APPLICANT

1. Fees paid will not be refund on any grounds.
2. The applicant shall enclose the following certificates
 - a. Statement of the marks of qualifying examination (PUC/10+2)
 - b. S.S.L.C. marks card (10th)
 - c. Leaving certificate from the Head of the Institution last attended
 - d. Character certificate from the Head of the Institution last attended
 - e. Eligibility certificate / migration certificate (if applicable)
 - f. Caste certificate from the competent authority (applicable to SC, ST & OBC candidates Karnataka only.
 - g. Physical fitness certificate issued by registered medical practitioner
 - h. (National Eligibility Cum Entrance Test) NEET Score Card
3. If admitted, candidate shall produce transfer certificate within stipulated time.
4. Incomplete application is liable for rejection without any insinuation.
5. The candidate shall attend the interview at their own cost with original documents.

I understand, if admitted it is provisional, till approved bu Rajiv Gandhi University Health Science Karnataka Bangalore & Governing council of SBGA.M.C Belagavi. If not so, my admission stands cancelled.

Date :

Parent's / Guardian Signature

Signature of the Applicant

FOR OFFICE USE ONLY

The documents are verified and found appropriate. Need approval of Rajiv Gandhi University Health Sciences Karnataka Bangalore.

Signature of the Verifier

Principal