



**APPLICATION FORM FOR ADMISSION – MD/MS**

**NOTE**

1. This form applicable for MD/ MS 2<sup>nd</sup> & 3<sup>rd</sup> year admission.
2. Student must be ascertain beforehand that they are eligible for admission to the course for which they are applying.
3. Admission will be cancelled if the candidate is found ineligible under the provision of ordinance and rules/regulation governing the course.
4. Fill the form online and submit with attached attested photocopy of mark sheet and no due form

Photo

Admission for academic year of MD/MS –

Admission Year -

GRN No. -

Subject -

Name of Candidate –

Correspondence Address –

Permanent Address –

Candidate ph. No.-

Parents Ph. No.-

Candidate Email. ID –

Cast -

Category -

Last examination details -

Class year	Year of examination	Session	Seat no.	Result	If ATKT

Signature of Principal

**DECLARATION BY STUDENT & PARENT/GUARDIAN**

1. I hereby declare that the above information is true and complete to best of my knowledge. I am aware that if any information here is found to be incorrect or incomplete, my application will be rejected or admission will be cancelled.
2. I shall abide by its rules and regulations.
3. I have read & understand all the provision contained in the prospects & here by agree to abide by these provision.
4. I will fulfill my attendance and follow rules of antiraging. If found guilty then applicable for punishment.
5. I am aware of the financial obligation of admitting my child to Shree Saptashrungi Ayurved Mahavidyalaya & Hospital. I agree to pay the tuition & other fee payable to the institute as fixed form time to time as per rule of institute. I also affirm & endorse the declaration made above by my child.

Date -

Signature of candidate

Signature of Parent/Guardian

Course –

GRN No.-

Subject -

Name of Candidate –

Permeant Address –

Photo

Candidate Ph. no -

Parent's Ph. no. –

Date of Birth -

Blood Group -

Signature of candidate