



Sharada

Yoga & Naturopathy Medical College

Devinagara, Talapady, Mangaluru - 575023

APPLICATION FOR ADMISSION
FIRST YEAR BNYS COURSE 20____ - 20____

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APPLICATION NUMBER _____ ADMISSION NUMBER _____

Please fill all the information in **BLOCK LETTERS** only

1. STUDENT DETAILS

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	Nationality
Gender	<input type="text"/>	Place of birth
Blood Group	<input type="text"/>	Caste
Religion	<input type="text"/>	Sub-Caste

2. CONTACT DETAILS

Residential Address _____

Pin Code _____ Phone _____

3. PARENT'S DETAILS

Mother's Name	_____	Father's Name	_____
Profession	_____	Profession	_____
Contact Number	_____	Contact Number	_____
Office Number	_____	Office Number	_____
Email	_____	Email	_____
Annual Income	_____	Annual Income	_____

a. Please indicate below the contact number to which the College should call for communication if any

Residential number Mother's number Father's number

b. Local Guardian (In case of emergencies)

Name

Contact Number(s) Mobile Other

4. EDUCATION QUALIFICATIONS

PUC / XII / EQUIVALENT

Name of the College

Name of the Board

Year of Passing

Medium of Instruction

Class Obtained

Percentage (%) Obtained

Physics (%)

Chemistry (%)

Biology (%)

Any other Course

In case of equivalent exam(s) passed, mention the name(s), % of marks obtained in each optional subject(s)

SSLC/ X / EQUIVALENT

Name of the School

Year of Passing

Percentage (%) Obtained

5. ENCLOSURES

SSLC/X Marks Card PUC/XII Marks Card Transfer Certificate Copy of Aadhar Card

Physical Fitness Certificate issued by a Medical Officer not below the rank of Assistant Surgeon

Migration Certificate (for Out-Of-State candidates) issued by the respective University/Board

Four(4) Passport size Photographs Four(4) Stamp size Photographs

6. UNDERTAKING

I, _____ hereby declare that all the information provided by me in this application form are true and correct. I also agree that, if admitted, I will conform to all the rules and regulations stipulated by the College Administration including the changes made to them from time to time during the course of my studies here.

Date:

Place:

Signature of the Student

I certify that I have furnished correct information and also undertake to inform the college promptly, in writing, of any subsequent changes. I hereby certify that I have read and understood the rules and regulations of the College and that my ward and I will abide by them without fail. I understand that standard terms & conditions of the College will undergo changes from time to time as circumstances require and will apply in all my dealings with the College. I also agree to meet all financial responsibilities with respect to the admission of my ward to the College.

Date:

Place:

Signature of the Parent

7. OFFICE USE ONLY

Eligible Not Eligible

Admitted Not Admitted

Signature of Admission Incharge/Superintendent

Signature of the Principal