

Application No.

## Sri Dharmasthala Manjunatheshwara Colleges of Ayurveda Udupi/Hassan, Karnataka

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)  
Managed by: S. D. M. Educational Society (R), Ujire - 574 240, D.K., Karnataka

### APPLICATION FOR ADMISSION TO M.D./M.S. (AYURVEDA) COURSE FOR THE ACADEMIC YEAR 2018-19

Affix your recent  
passport size  
photograph

#### PLEASE MAIL FILLED APPLICATION

**TO:** [ayupgadmission18@sdmesociety.in](mailto:ayupgadmission18@sdmesociety.in)

Fee Rs. 500/- may be paid Online:

NEFT Payment to A/c No: 142500301000081, IFSC – VIJB0001425

By DD Payable to SDM College of Ayurveda, Hassan

**Order of Preferred College:** 1) \_\_\_\_\_ 2) \_\_\_\_\_  
(Hassan / Udupi)

1. Name of the applicant in full (Block Letters as in BAMS Marks Card)	<input type="text"/>
2. a) Father's Name	<input type="text"/>
b) Mother's Name	<input type="text"/>
3. a) Name of the Guardian (in the case of parents are not alive)	<input type="text"/>
b) Relationship to the applicant	<input type="text"/>
4. Present address of the Father/Guardian with pincode	<input type="text"/>
Telephone No. With STD Code:	<input type="text"/>
Mobile No. (Parent)	<input type="text"/>
Mobile No. (Student)	<input type="text"/>
5. Email ID	<input type="text"/>

6. Date of Birth:       Age: \_\_\_\_\_ Gender: M / F Blood Group: \_\_\_\_\_  
Nationality: ..... Religion: ..... Caste: ..... Category: .....  
Mother Tongue: ..... Annual Income: .....  
Occupation of the Parent: .....

7. Name of the College & University from which Applicant passed Ayurvedic Degree course \_\_\_\_\_

8. Month and year of passing the degree course with Reg. No. \_\_\_\_\_

9. Date of completion of internship \_\_\_\_\_

10. Subject of specialization the applicant desires to undertake

Order of Specialization	Subject	Hassan	Udupi	Preferred Order for Specialization
1	MD (Ay) - Ayurveda Samhita & Siddhant	✓	✓	
2	MD (Ay) - Rachana Sharira	✓	✓	
3	MD (Ay) - Kriya Sharira	✓	-	
4	MD (Ay) – Dravyaguna Vigyana	✓	✓	
5	MD (Ay) - Rasa Shastra & Bhaishajya Kalpana	✓	✓	
6	MD (Ay) - Roga Nidana & Vikruti Vigyana	✓	✓	
7	MD (Ay) - Agada Tantra	✓	✓	
8	MD (Ay) - Swasthavritta	✓	✓	
9	MD (Ay) – Kaumarabhritya - Balaroga	✓	✓	
10	MD (Ay) - Kayachikitsa	✓	✓	
11	MD (Ay) – Mano Vigyana & Manasa Roga	✓	✓	
12	MD (Ay) - Panchakarma	✓	✓	
13	MS (Ay) - Prasuti Tantra & Stri Roga	✓	✓	
14	MS (Ay) - Shalya	✓	✓	
15	MS (Ay) - Shalakyas	✓	-	

11. Copies to be attached:

- |  |   |
|--|---|
| a) First to Final Year BAMS Marks card       | b) BAMS Degree certificate  |
| c) Internship Completion certificate         | d) Transfer Certificate   |
| e) Attempt Certificate                       | f) Date of Birth Certificate (SSLC / 10 <sup>th</sup> marks card) |
| g) Registration Certificate of the Board     | h) Conduct certificate  |
| i) Migration certificate                     |   |
| j) Eligibility Certificate of the University | } (Non Karnataka only)  |
| k) <b>AIAPGET Marks Sheet</b>                |   |

AIAPGET REG. NO.	AIAPGET MARKS	AIAPGET PERCENTILE	AIAPGET RANK

**DECLARATION BY THE APPLICANT**

I \_\_\_\_\_ S/o / D/o \_\_\_\_\_ do hereby solemnly and sincerely affirm that the statements made and information furnished in my application are true. Should it, however be found that any information furnished is untrue in material particulars, I realise that I am liable to criminal prosecution and that the seat in the institution given to me shall be forfeited.

I hereby declare that if admitted to the college, I shall abide by all the rules of conduct and discipline in force in the college and the hospital and those that may be made in future by the concerned authorities for the smooth governance of the College and the Hospital. I am aware that I am liable for disciplinary action which might include expulsion from the college, for non-compliance of the rules of discipline and conduct.

Place:

Date : \_\_\_\_\_ Signature of the Applicant

**DECLARATION BY THE PARENT / GUARDIAN**

I \_\_\_\_\_ Parent / Guardian of \_\_\_\_\_ Do hereby declare that, if my son/ daughter / ward is admitted to the college, I bind myself responsible for his / her conduct, behaviour and prompt payment of his / her fees or dues in the institution and I also agree to abide by the final decision of the Principal in disciplinary matters if any in regard to my son / daughter / ward.

Place:

Date: \_\_\_\_\_ Signature of the Parent / Guardian

**TO BE FILLED BY THE COLLEGE OFFICE**

Date of Registration: \_\_\_\_\_ Fee Receipt No. \_\_\_\_\_ Remarks \_\_\_\_\_

**ORDER OF THE SELECTION COMMITTEE**

1. Admit Dr..... S/o. / D/o. ....

to I year of the M.D./M.S. Course in ..... Subject.....

on payment of fees Rs..... (.....)

2. Application Rejected .....

Signature of Principal

Signature of the Chairman

Strike out whichever is not applicable