

SRI SAI AYURVEDIC MEDICAL P.G. COLLEGE & HOSPITAL

(Approved by Govt. of U.P., Permanent Affiliation to Chhatrapati Shahuji Maharaj University, Kanpur & Recognized by CCIM & Department of AYUSH, Govt. of India, New Delhi)

Opp. Phal Mandi, Sarsol, G.T.Road, Aligarh- 202001

PH: 0571- 2404970, FAX : 0571-2402188



Self attested latest photograph

For Admission to:.....

Date of Application

GENERAL INFORMATION

NAME																					
MAILING ADDRESS																					
(with Pin Code)																					
MOBILE No.						LAND LINE NO.															
FATHER'S NAME																					
FATHER'S MOBILE NO.																					
MOTHER'S NAME.																					
DATE OF BRITH							CAST: GENERAL/OBC/SC/ST														

ACADEMIC RECORD :

Name of Exam	Name of Institute	Board/ University	MAIN SUBJECTS	YEAR	DIVISION/ PERCENTAGE
High- School					
Intermediate					
BAMS					

DECLARATION:

I confirm that to the best of my knowledge, the informatin given in this form is correct and complete.
I understand what is says and I agree to abide by the conditions set out there and which I accept as conditios of this application

Date:.....

Applicant's Singnature

I hereby confirm that application for admission of my ward is no guarantee and that the admission is subject to qualifying in the test, interview and the availability of seats. I also accept that the decision of the Institute regarging admission will be final.

In case my ward is admitted I undertake to pay college dues and fees the proposed course in time and abide by the rules and regulations of the Institute.

Date:.....

Father's / Guardian's Signature

Attached Documents:

1. High School Mark Sheet & Certificate
2. Intermediate Mark Sheet & Certificate
3. BAMS Mark Sheets
4. BAMS Certificate
5. Registration Certificate
6. Self Addressed 5 Blank Envelop with Rs 25 Stamp Ticket