

**SURYAMUKHI DINESH AYURVED MEDICAL
COLLEGE & HOSPITAL**

BOOTY, RANCHI – 17

(Affiliated to Vinoba Bhave University, Hazaribag, Jharkhand)
(Under S. D. Educational Development & Social Welfare Society)

Affix recent
Passport size
Photograph with
signature

ADMISSION FORM

(To be filled in Block letters)

1. Name of Professional.....
2. Name of Applicant :.....
(in English)
(In Hindi)
3. Applicant's Date of Birth :
4. Father's/Guardian's Name :
5. Mother's Name :
6. Permanent Address :
-
.....
..... Ph.(O) (R)
..... Police Station :
7. Address of Communication :
-
..... Ph.(O) (R)
8. Occupation of : a) Father.....
b) Mother
c) Guardian
9. Name & Address of Local Guardian (if any) :
-
..... Phone No. (O) (R)
10. Applicant's Marital Status : Married Unmarried
(Put √ in the box)
11. Applicant's a) Nationality
b) Religion
12. Applicant's Community : General S.T. S.C. O.B.C.
(Put √ in the box)

(Attach proof f : S.T./S.C./O.B.C.)
13. Identification Marks : a)
b)

(The Managing Committee of S.D. Ayurved College & Hospital reserves the right to accept or reject any candidature)

Signature.....

(Full Name of Applicant)

DETAILS OF EDUCATIONAL QUALIFICATIONS
(as on the date of Application)

Name of University / Board / Institution	Name of Degree	Subjects	Month & Year of passing	Division / Class obtained	Percentage of Marks

Details of Certificates enclosed : (Attested Xerox copies)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

DECLARATION

I son/daughter/wife of.....
..... Village/town.....

P.O..... P.S..... Dist.....

Hereby declare that all the particulars given in this application are true and if any of the particulars furnished by me are found to be incorrect or suppressed my application is liable to be rejected at any stage of selection process.

I also promise to abide by all the rules and regulation of the S.D. Ayurved Medical College & Hospital/University.

In case of any misconduct on my part within or outside the College, the College shall be at liberty to suspend / rusticate / reject my candidature or take any other disciplinary action which it shall deem suitable & fit.

Date :.....

(Signature of Applicant)

Place :.....

Name :.....

Ihereby
Undertake that my son/daughter/wife shall follow all rules and regulations of the S.D. Ayurved Medical College & Hospital/University.

I also take the responsibility for all the statements/particulars furnished by him/her in the application.

Date :.....

Place :.....

(Signature of Father/Guardian/Husband)

FOR OFFICE USE ONLY

Applicant's Name :

Son/Daughter/Wife of :

Address :

.....

Checked and verified that the Application No.is
Complete in all respect with supporting documents.

.....

(Sig. of Dealing Assistant)

.....

(Office Seal)

(Sign. Office/In-charge)