

**KDMG'S AYURVED MEDICAL COLLEGE & HOSPITAL**  
**CHALISGAON DIST. JALGAON-424101**

Ph.No. : 9881461111

E-mail : amc40gaon@rediffmail.com;

Website : www.kdmgsinstitutions.co.in

**ADMISSION FORM**

Form No. :	College Code : 3311		
Course admitted to : BAMS Year of admission :	Admission Date : / /	Students Signature:	
Course Applied for :	1 <sup>st</sup> BAMS		
Admitted against which category :	Open/Reserved	If Reserved Specify :	

**1. Personal Information:**

	Last Name	First Name	Middle Name
Name of the student : (English)			
Devnagari (Marathi)			
Mother Name:			
Address :	Correspondence:		
	Permanent:		
Date of Birth (DD/MM/YY) : / /	Gender : Male / Female	Age:	
Place of Birth :	Blood Group :		
Religion :	Citizen of ( Country name ) :		
Aadhar no :	Voter Id No :		
Phone no. with STD Code:	Fax No.		
Mobile No. ( <u>Student only</u> ):	Email ID :		

**4. Guardian Information Section:**

Occupation of the Parents/Guardian	Annual Income of the Guardian (Rs.) ( Last Financial year ) :
Contact details / Mobile No:	1. 2.

**5. Educational Details Section:**

Name of Examination	Name of Board / University	Name of School /College	Examination Seat No.	Total Marks	Out of	PCB Total Marks/ Out of			PCB %
HSC									
						P	C	B	

Entrance exam	Application No.	AIR	P	C	B	Total Percentile
NEET-2023						

**9. Declaration by student:**

I, Hereby declare that, I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and /or admission will stand cancel.

I am aware of the Maharashtra Prohibition of Ragging Act, 1999 and I state that I will abide by all the rules and regulations of the said Act.

We will not claim our financial/educational loss, we will not claim for refund of fees if my admission cancelled by the Competent authority.

I am aware that, the Student once enrolled in the Institute should undergo through the Disciplinary rules prescribed by the Institute and should undertake to follow the same as per affiliating University and NCISM, Govt. of India ( AYUSH ) New Delhi.

Place :

Date :

Signature of the student

Signature of Parents/Guardian

\*\*\*(Submit All Original Scanned Documents In PDF Format After Confirmation Of Admission In Pendrive With Proper Name To Each Document )

**12. For College / Institute use only:**

Designation	Remarks / Particulars / Recommendations	Signature and Date
Admission Clerk		
Accountant/Cashier		
Principal/Director		