

KDMG'S AYURVED MEDICAL COLLEGE & HOSPITAL**CHALISGAON DIST. JALGAON-424101****Ph.No. : 9881461111 / 9766886789 / 8605192523****E-mail : amc40gaon@rediffmail.com;****Website : www.kdmgsinstitutions.co.in****STUDENT ADMISSION FORM FOR NEXT YEAR**

Form No. :	College Code : 3311		
Course admitted to : BAMS Year of admission :	Admission Date : / /	Students Signature:	
Course Applied for :BAMS		
Admitted against which category :	Open/Reserved	If Reserved Specify :	
Number of Exam attempt:			

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:
Mobile No. (<u>Student only</u>):	Email ID :		

4. Guardian Information Section:

Contact details / Mobile No:	1.	2.
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Place :

Date :

Signature of the student

Signature of Parents/Guardian

12. For College / Institute use only:

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

Documents Attached:

- 1) Written Application - Yes/No
- 2) Current MUHS Pass Out Marksheet- Yes/No
- 3) Next year Fees Paid Receipt- Yes/No
- 4) Journal fees Paid Receipt- Yes/No
- 5) Library No Due Clearance- Yes/No
- 6) Last Year Scholarship Form Hard Copy with all Necessary Documents- Yes/No
- 7) Mercy attempt Declaration (If Applicable)- Yes/No