

DETAILS OF THE PARENTS

19. **Fathers Name** : _____ **Age:** _____
Qualification : _____ **Occupation** : _____ **Designation** : _____
Monthly Income : _____
Phone : _____ **Mobile** : _____
Authentic Email ID: _____

20. **Mothers Name** : _____ **Age** : _____
Qualification : _____ **Occupation** : _____ **Designation** : _____
Monthly Income : _____
Phone : _____ **Mobile** : _____
Authentic Email ID : _____

21. **Siblings** (Use additional sheets if needed):

	1	2	3	4
Name				
Age				
Gender				
Qualification				
Employed with				
State of Health				

ACADEMIC RECORD

1. **I BHMS** : _____ **BHMS Register No.** _____

Name of the College: _____

University : _____

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

2. **II BHMS** :

Name of the College: _____

University : _____

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

3. III BHMS :

Name of the College: _____

University : _____

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

4. IV BHMS :

Name of the College: _____

University : _____

Subjects	No. of attempts	Max. Marks	Marks obtained
Grand Total			

5. INTERNSHIP

Name of the College : _____

Date of joining Internship _____ date of completion of Internship _____

6. Registration No. _____ **Name of the Board :** _____

7. Details of the Enclosed Certificate:

Please tick (✓) which is applicable.

- (1) AIAPGET Score sheet ()
- (2) Secondary School (S.S.L.C) Certificate & its Marks Sheet ()
- (3) Marks Cards of I, II, III & IV B.H.M.S ()
- (4) Transfer Certificate from the Head of the Institution last studied ()
- (5) Conduct Certificate from the Head of the Institution last attended ()
- (6) Migration Certificate ()
- (7) Attempt Certificate ()
- (8) Provisional Degree/Convocation Certificate ()
- (9) Registration Certificate ()
- (10) Copy of the Aadhar Card ()
- (11) Two (2) passport size photographs ()

Note :

- Please mention the **total number of enclosed certificates/ documents** relating to above ()
- All the certificates should bear the same name, as per **S.S.L.C/X Std certificate**
- All the Copies of Certificate and Testimonials are to be attested by a **Gazetted Officer/ Head Master or Principal.**
- Application accompanied by the above mentioned certificate only will be considered

CO-CURRICULAR ACTIVITIES

Indicate prize won / represented the School / College / University. (if you)
Attach testimonials in support.

UNDERTAKING

1. I hereby solemnly affirm that the statements made and the information furnished in my son's/ daughter's / wards application form and also in the enclosures thereto submitted by him/her are true.

2. I have read the Prospectus and I am aware of rules and regulations of the College and agree to abide by the said rules and regulations including code of conduct.

3. I am aware that the Admissions made are provisional and subject to the approval by the Rajiv Gandhi University of Health Sciences and Apex Body/CCH.

Signature of Parent/ Guardian

Signature of the Applicant

Date : _____

Place : _____