



Sri Rajashekaraiyah Educational & Charitable Trust ®

Rajashekaraiyah Institute of Ayurveda Medical Sciences & Hospital



NH-75, Solur Village, Magadi (T), Ramanagara (D), Karnataka, Pin – 562127

(Affiliated to R.G.U.H.S. Bengaluru & Recognized by Govt. of Karnataka, N.C.I.S.M & AYUSH New Delhi)

App. No. – 2024-25

APPLICATION FORM FOR ADMISSION TO I-BAMS COURSE ACADEMIC YEAR 2024-25

Paste here
recent passport
photo

ROUND NO. & DATE: -----

Admission Date	Quota Type	AIR No	NEET Marks	12th PCB Marks	Student Category	Admitted category	Retention Y/N

Fee Details	Amount	Bank Name	DD No. & Date

To,
The Principal,
Rajashekaraiyah Institute of Ayurveda Medical Sciences & Hospital
Solur – 562127

Respected Sir/Madam,

I, submit herewith this application form for admission to I- BAMS course in Rajashekaraiyah Institute of Ayurveda Medical Sciences & Hospital, Solur for the academic year 2024-25. My name is included in the selection list published by the Competent Authority State CET Cell Karnataka, Karnataka state/AYUSH New Delhi. I am also fully aware and agree that, if any information or documents submitted by me is false or fabricated, my admission will be cancelled at any stage.

I agree to the rules and regulations of college and pay the prescribed fee.

Thanking you.

Signature of Parent

Signature of Student

1. Students Full Name: _____

(As per 10th Mark sheet)

2. Father's Name: _____

3. Mother's Name: _____

4. Guardian Name: _____

5. **Contact Details:** (Address for Correspondence)

Temporary: _____

Permanent: - _____

Students Mob. No _____ Parents Mob. No _____

Students E- mail ID: _____

Parents E-mail ID : _____

6. Date of Birth: ____/____/____ Place of Birth: _____

7. Religion _____ Caste (specify): _____ Category: _____

8. **Educational Details**

a) CET No: _____ b) AIR No: _____

c) NEET-UG 2024 Marks: _____

d) PUC Passing Month & Year: _____

e) PUC Marks: Physics: _____ Chemistry: _____ Biology: _____ English: _____

f) 12th PCB %: _____

9. Name of PUC Board Exam: _____

10. Name of Previous /12th STD college where completed:

11. Educational Gap : Yes / No

FOR OFFICE USE ONLY

Date: / / 20

Accepted / Not Accepted

1) Admitted in: Open / SC / ST / OBC / SBC/ NT1 / NT2/ NT3/ VJ / PH / DEF-1/ DEF-2 / EWS

2) Student is of _____ category but admitted in **Open** Category

Name & Sign of Admission Committee Members:

I/C Clerk

Principal

Rajashekaraiyah Institute Of Ayurveda Medical Sciences & Hospital

RAJASHEKARIAIAH INSTITUTE OF AYURVEDA MEDICAL SCIENCES & HOSPITAL
NH-75, SOLUR VILLAGE, MAGADI (T), RAMANAGARA (D), KARNATAKA – 562127

Mr. / Miss _____ admitted
in I-BAMS course on _____ for the academic year **2024-25** as per State
CET CELL /AYUSH New Delhi round dated _____ His /
Her following original certificates are received for R.G.U.H.S Eligibility purpose.

Sl. No.	Name of Certificates	Original Certificates	Xerox copy(2 Sets)
1	Nationality	Yes / No	
2	Domicile	Yes / No	
3	S.S.L.C Passing Certificate	Yes / No	
4	P.U.C Mark sheet	Yes / No	
5	NEET-UG 2024 Mark sheet (Entrance Exam)	Yes / No	
6	State CET Cell/ AYUSH New Delhi Allotment letter	Yes / No	
7	Admit card of NEET (UG) 2024	Yes / No	
8	Online Application form	Yes / No	
9	Caste Certificate	Yes / No	
10	Caste-Validity	Yes / No	
11	Income Certificate	Yes / No	
12	Transfer Certificate	Yes / No	
13	Migration Certificate	Yes / No	Original to be attached with one set of <u>Xerox set</u>
14	Self-Education Gap Certificate	Yes / No	Original to be attached with one set of <u>Xerox set</u>
15	Medical Fitness Certificate	Yes / No	Original to be attached with one set of <u>Xerox set</u>
16	Aadhaar Card	Xerox	Xerox
17	i) Defense Certificate ii) Domicile of Parent	Yes / No	
18	Physically Handicapped Certificate issued by competent authority	Yes / No	
19	Other	Yes / No	

Note- It is mandatory to submit above documents in chronological order with one set of Original and two set of attested Photocopies. However, **original documents** specified at Sr. No. **13, 14 & 15** to be attached with one set of photocopies, which will be **retained** by the University.

I/C Clerk

Principal
Rajashekaraiah Institute Of Ayurveda Medical Sciences & Hospital

UNDERTAKING

I,....., D/o, S/o.....,residing at
..... have
secured a seat for B.A.M.S Course under Management /Government Quota / NRI
Quota /Others quota through KEA at Rajashekaraiah Institute of Ayurveda Medical
Sciences & Hospital, Solur for the academic year 2024- 2025.

I have read the Rules and Regulations framed by Rajashekaraiah Institute of
Ayurveda Medical Sciences & Hospital, Solur / Rajiv Gandhi University of Health
Sciences, Karnataka, Bangalore. I promise to abide by these and such other rules which
the College / University authorities may hereafter frame from time to time for the
conduct of the students. I am aware that if I fail to observe these rules, I will be
compelled to leave the College / University. I agree that my admission is provisional
subject to the approval by Rajiv Gandhi University of Health Sciences, Karnataka,
Bangalore, Government of Karnataka and Medical Council of India, New Delhi.

I have paid Rs. (Rupees..... only) as tentative
Tuition fees and I hereby undertake to pay the balance amount (difference) if any as
decided by the Competent Authority.

After joining, if I withdraw before completing the course, I shall pay for the
remaining of the course fee.

Sworn and signed before me on this day,_____.

The terms of this agreement are restricted as enforceable only through the courts at
Karnataka.

Signature of Parent

Signature of Student