Application Form No.

SIVARAJ SIDDHA MEDICAL COLLEGE SIVARAJ NATUROPATHY AND YOGA MEDICAL COLLEGE SIVARAJ HOMOEOPATHIC MEDICAL COLLEGE AND RESEARCH INSTITUTE

(Approved by Govt. of Tamilnadu,& Affiliated to The T.N.Dr. M.G.R. Medical University, Chennai, Recognised by Ministry of AYUSH, Govt. of India) Siddhar Kovil Road, Thumbathulipatty, SALEM - 636 307. Ph: 0427 - 2481006, 2481007, Cell: 98427 21500

MEDICAL COLL

Application For B.S.M.S. B.H.M.S. B.N.Y.S. Year							PHOTO Application form
1.	Student Name (In Block letters	s) :					without Photo Will not be registered.
2.	Date of Birth					Sex	Photo has to be atteseted
3.	Details of Parent/Guardian		Father		Moth	ner	Guardian
	Educational qualification						
	Occupation						
	Annual Income						
4.	Residence Address	:					
	Office Address	:					
	Phone / Cell No.						
5.	Aadhaar Number of Stude	ent :					
6.	Nationality	:		Rel	ligion:	Mother To	ongue :
7.	Community / Caste	:					
8.	School / College last stud	led:					
9	.Qualifying Examination	n Passed	d				
Evamination				Ur	University / Board		
Month 9 Voor					Danishashian Ma		
Transfer Certificate No.			No. of attempts				
	- D. Particulars of Marks :						
Month & Year Reg.No.			Su	bjects		Maximum marks	Marks obtained
L							
						Total	

DECLARATION OF APPLICANT

I, Mr. / Mrscorrect.	declare that all the s	statements made in this application are						
I also declare that my admission is at my own risk and is Provisional, it is subject to the approval of The Tamil Nadu Dr. M.G.R. Medical university. If, for any reason, found to be ineligible for admission, I will not hold the college as responsible for it.								
_	_	s of the Institution. I will not take part in e decision of the authorities will be final						
Place:		Signature						
Date:								
GUARANTEE								
I, Mr. / Mrs do here by guarantee that my son / daughter								
If given admission inB.S.M.SB.H.M.SB.N.Y.S. (SIVARAJ MEDICAL COLLEGES) will not take part in any activity against the intrest of the college. I assure his / her good behavior & conduct during the course of his studies. If he / she contraverses this guarantee, my son / daughter shall abide by any disciplinary action which may be taken by the college authorities. The decision of the college authorities in this respect will be final								
		Signature of the Parent / Guardian						
	ree to abide the guarantee given above							
		Signature of the Applicant						
ENCLOSE THE FOLLOWIN	NG ORIGINAL COPIES :							
□ Marksheet - 10th	\square Conduct Certificate	☐ Migration Certificate						
☐ Marksheet - +2	☐ Income Certificate	☐ Physical Fitness						
☐ Community Certificate	☐ Nativity Certificate	☐ Entrance Marksheet						
☐ Transfer Certificate	☐ Eligibility Certificate							
FOR OFFICE USE ONLY								
Application No. :								
Roll No./Batch :		Eligible : Yes No						
Student Refered by :								
Address :		Application Verified by :-						
Contact No. :								
T (1T)		SIGNATURE OF THE PRINCIPAL						
		ORDINITIONS OF THE LIMINGILUT						