

APPLICATION FORM

**POFORMA TO BE FILLED AND SIGNED BY THE CANDIDAE ADMITTED TO
MANDYA INSTITUTE OF MEDICAL SCIENCES, MANDYA FOR 1ST MBBS COURSE**

for the year 2021-22 Batch

(Candidate should fill up the form in CAPITAL letters only)

1	Name in Full		Passport size Photo	
2	Date of Birth	Blood Group		
		Male / Female		
3	Name of the Parents:			
	a) Father's Name:			
	b) Mother's Name:			
	c) Mother Tongue:			
4	Occupation of the Parents:			
	a) Father			
	b) Mother			
5	Nationality Caste :	Religion: Category :		
6	Name of the Guardian (if any):			
7	Postal Address of the Candidate:	Pin Code:		
8	Permanent Address:	Pin Code:		
9	Email ID:	Aadhaar No:		
10	STD Code: Telephone No:	Student's Mobile No:		
11	Place of Birth: District:	Village : State:	Town:	
12	Native District:			
13	Rural / Urban:			
14	Annual Income of the Parent/Guardian:			
15	Institute last admitted:			
16	a) Register No. in II PUC / +2 : c) PCB Max. Marks: e) Max. Marks in English Sub:	b) Passed Year d) PCB Secured Marks: % f) Marks obtained in English sub.... %		

17	Transfer certificate No. & Date:	
18	Seat Allotted Category:	
19	Details of fee paid on admission at KEA a) Amount: b) Receipt No.: c) Date:	a)NEET/AIQ/STATE Rank: b)NEET Exam PCB Max Marks: c)Secured Marks and %: d)Percentile Score: e)KEA Order No. & date:
20	Submitted the following documents: 1.Marks card (SSLC, 2 nd PUC/XII Std) 2.Transfer Certificate 3.Migration Certificate 4.Eligibility Certificate 5.Medical Fitness Certificate 6. Pass Certificate of XIIth Std 7. Residential Proof. 8. KEA/AIQ admit Card 9. Study Certificate 10. Aadhaar Card Xerox copy 11. Caste & income certificate:	

DECLARATION

1. I undertake to attend not less than $\frac{3}{4}$ of the number of periods in each of the subject comprised and in contrary; I shall not be eligible to appear for the examination
2. I Shall abide by the rules and regulations of Rajiv Gandhi University of Health Sciences, Bangalore and rules of the Mandya Institute of Medical Sciences, Mandya.
3. My admission to the 1st MBBS course is provisional and subject to the approval of the RGUHS, Bangalore and MCI, New Delhi.
4. I declare that the particulars furnished by me as above are true to the best of my knowledge and I have not furnished any wrong information wilfully which may amount to disciplinary action against me as per law. I may be punished for the unlawful acts committed by me as per rules of the university/Institution. I agree to abide by the Regulations/Ordinances adopted by the University for the maintenance of the discipline among students in the College/Department/Institute/Hostel.
5. I will neither involve myself in unlawful / Provocation / Communal / Antisocial / Political activities nor cause hurt to my fellow students or teachers or officials of the institute I will not involve in any acts which may cause loss of property to the institution.
6. I am aware that any lapses caused by me as above will result in the cancellation of my admission to the institution.

Signature of the Parent/Guardian

Signature of the Candidate

Date:

Place:

FOR THE USE OF INSTITUTION

- 1) Verified all the Original Marks Card /Certificate etc., of the student

The following Certificates are not submitted.

a) _____ c) _____

b) _____ d) _____

Submitted for orders for admission to I MBBS class.

- 2) Fee paid at college at the time of admission.

a) Amount: Rs..... b) Receipt No:..... c) Date:

Academic Registrar

Principal