



**Anathasevashram Trust.**  
**Sri Raghavendra Ayurveda Medical College & Hospital,**  
**Malladihalli-577531, Holalkere Tq, Chitradurga Dist.**  
**(Recognised by Govt. of Karnataka, Ayush & CCIM)**  
**(Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore)**  
(To be filled in Candidate's own hand writing after going through the  
instruction carefully, For Instructions please see the Prospectus)  
Application form for Admission for 1st Year BAMS for the academic year 2019-20

Affix Recent  
Passport  
Photo

1. Full Name of the Candidate (in Block Letters)	
2. Father's Name & Occupation Mother Name:	
3. Date of Birth:	a) Date:            Month:            Year: b)
4. Sex:	Male/Female.
5. Total annual Income of Parents/Guardian from all source:	
6. Place: Teh/Tq. Dist: State: Pin code: E-mail ID; Aadhar No. Mobile/Phone No.	
7. Mother Tongue:	
8. Caste/Religion/Category	
9. Blood group:	
10. Qualification: 10+2 PCB percentage with Reg. No. & Board Name NEET Reg. No. Marks/Rank	

**Declaration of the Candidate**

I hereby declare that the information furnished in the foregoing paper is correct to the best of my knowledge and belief, These  
circumstance which might impair my fitness for admission have not been concealed.

\_\_\_\_\_  
**Signature of the Parent**

\_\_\_\_\_  
**Signature of the Candidate**

**Office Use Only**

**This is to certify that Mr/Miss \_\_\_\_\_ has been selected for  
Admission provisionally to First BAMS for the year \_\_\_\_\_ under \_\_\_\_\_ Quota**

- a) Admission No.  
b) Receipt No.  
c) Date:

Application checked by

Principal