

ASHWINI EDUCATIONAL ASSOCIATION[®] AYURVEDIC MEDICAL COLLEGE AND P.G CENTRE

*AFFILIATED TO RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE; *RECOGNISED BY CENTRAL COUNCIL OF INDIAN MEDICINE (CCIM), NEW DELHI; *BY DEPT.OF 'AYUSH' & MINISTRY OF HEALTH & FAMILY WELFARE, GOVT. OF INDIA

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FACEBOOK- [AshwiniAyurvedicMedicalCollegeOFFICIAL](https://www.facebook.com/AshwiniAyurvedicMedicalCollegeOFFICIAL)



YOUTUBE-Ashwini Ayurvedic Medical College and P.G Centre, Davangere

B.A.M.S (Bachelor of Ayurvedic Medicine & Surgery)

STUDENT NAME (IN BLOCK LETTERS): _____

DATE OF BIRTH (dd/mm/yyyy): ____/____/____ AGE: ____ MALE FEMALE

RELIGION: _____ CASTE: _____ CATEGORY: _____

MOBILE NO.: _____ E-MAIL: _____

PERMANENT ADDRESS:

LOCAL ADDRESS:

FATHER NAME: _____ MOBILE NO.: _____

MOTHER NAME: _____ MOBILE NO.: _____

	BOARD OF EXAMINATION	MAX. MARKS	MARKS/% SCORED	
SSLC/10 th STD				
II PUC / 12 th STD			PHYSICS	
			CHEMISTRY	
			BIOLOGY	
			P, C, B TOTAL	
			ENGLISH	

NEET-UG	MARKS	ALL INDIA RANK

Check list of documents to be enclosed :

1. S.S.L.C./10th showing date of birth– Original & 2 Xerox copies.
2. 2nd PUC/ 12th – Original & 2 Xerox copies.
3. NEET Hall Ticket and Result Sheet- Original & 2 Xerox copies
4. Migration Certificate (For CBSE/ICSE and Other State Students)- Original & 2 Xerox copies.
5. Transfer Certificate (TC) -Original & 2 Xerox copies.
6. Recent 6 Passport Size and 6 Stamp Size Photographs
7. Aadhar Card copy
8. Eligibility Certificate from RGUHS (For Non-Karnataka Students)
9. Demand Draft towards Registration fee
Rs..... dt. Bank.....DD/ NEFT/RTGS/CASH

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

SEND FILLED APPLICATION TO-----WhatsApp  : +91-8660945571 & 8792046530
Email: aamcdvg@gmail.com