

SHREE RAM GROUP OF INSTITUTIONS

Approved by CCIM / Ministry of AYUSH Department, New Delhi I Affiliated to CCS University, Meerut AN ISO 9001: 2015 Certified Institute, NH-58, Partapur Bye-Pass Meerut - 250103 (NCR)

Admission Form for BAMS/GNM/ANM/D.Pharm

1.	Name:
2.	Father's / Guardian's Name: Mr./Mrs
3.	Father's / Guardian's Occupation:
4.	Address of Place of work:
5.	Mother's Name: Mrs.
6.	Date of Birth: Age:
7.	Nationality: Sex: M/F
8.	Current Mailing Address:
	Pin Code: Telephone:
	Permanent Address:
	Pin Code: Telephone:
9.	Branch to which admission is sought:
10.	Details of Awards / Prizes / Scholarships (if any):
11.	Details of Participation in sports/games: Extra curricular activities (if any)
12	Do you require hostel accommodation?
13	Details of SEE:
	Roll no: Marks Obtained:
14	Details of Qualifying Exams:
	a) Name of Exams:
	b) Board/ University:
c)	Year 20: Roll no:
d)	Name and address of Institution:

DECLARATION

١.		hereby declar	re that entries made in this form are correct & true to		
	ne best of my knowledge & belief.				
PI	lace:				
D	ate:	Signature of Candidate	Signature of Parents / Guardians		
		orginature or candidate	Signature of Farents / Guardians		
Fo	ollowing attested copies are enclosed(tick appropriate ones)			
1.	The state of the s	tick appropriate ones)			
2.					
3.					
4.	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
5. 6.	3- (
7.					
8.	SC/ST/OBC certificate.				
		UNDERTAKING B	Y STUDENT		
1.	The first and the september of the best of				
2.	have read and understood all the rules for a		dd by the garage and garage that delay a second		
3.		regulation of the institute I will m	eld by the government constituted body or statutory examination authority.		
4.	The state of the s				
5.	. I understood that my association, active or passive, with any unlawful organization is forbidden.				
6.	y 35 g and the desired way 25 taken against molating the dandmation of the admission.				
7. 8.					
0.	3. I agree that if any time, the fee structure and other charges are revised/ enhanced by the competent authority, the revised/enhanced by the competent authority, the revised/enhanced amount would be deposited by me within ten days of such a notification.				
9.	I understand & agree that my admission in p	provisional subject to the approva	al & conformation.		
10). I undertake to attend classes regularly. if dor	n't have 75% attendance I may de	ebarred from appearing in exams.		
Pla	ace:				
Da	ate:		Signature of candidate		
	olymatic of outline at				
		UNDERTAKEN BY PARI	ENTS/GUARDIAN		
Ideclare that the particular furnished by m					
son/daughter/ward in this application form are correct to the best of my knowledge. I undertake and bind myself to pay on behalf of my					
an	on/daugnter/ward such tees, charges etc. wi	nich institute/ university may le	evy from time to time by due date and in the event of failure on my par ay take such action against my son/ daughter/ ward, as he may deen		
fiti	including the cancellation of admission.	, the principal of the conege ma	ay take such action against my son/ daughter/ ward, as he may deen		
	ace:				
			· ·		
Da	ite:		Signature of Parents/ Guardian		
		9.7	****		
,	F	FOR OFFICE US			
1.	Form received:	2. NEET/JEE MARKS	NEET/JEE RANK % OF 10TH/12TH		
3.	•	4. Documents attached			
5.			of bank		
6.					
7.	Remarks				
Da	nte:		Signature of accepting officer		