II OM SHREE MANJUNATHAYA NAMAHA II

Application No.

Sri DharmasthalaManjunatheshwara Colleges of Ayurveda
Bengaluru / Hassan / Udupi, Karnataka

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)
Managed by: SriDharmasthalaManjunatheshwara Educational Society (R), Ujire-574240, DK, Karnataka

Affix your recent passport size photograph

APPLICATION FOR ADMISSION TO MD/MS AYURVEDADEGREE COURSE FOR THE ACADEMIC YEAR 2022-23

Please email filled application to: ayupgadmission22@sdmesociety.in

Order of Preferred College: Bengaluru ☐ Hassan ☐ Udupi ☐ (E.g.Hassan 1 Udupi 2)

1 **Name of the applicant in full (BLOCK LETTERS)**
as in SSLC Marks Card / Birth Certificate

2. **Father's Name in full (BLOCK LETTERS)**

3. **Mother's Name in full (BLOCK LETTERS)**

4. **Sex:** Male ☐ Female ☐

5. **Date of birth as per School records &age** D DM MY YYY ☐☐☐☐☐☐☐☐ | Age

6. **Permanent address with PIN code**
Door No / Lane / Street
City / Village
Taluk
District : State: PIN: ☐☐☐☐☐☐

7. Mobile Number – Parent	Student Mobile
☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐

8. Email (Parent)	Email (Student)

9. **All India Ayurveda Postgraduate Entrance Test (AIAPGET-2022) ScoreDetails**

Reg. No.&Roll No.	Category (UR/SC/ST/OBC)	Rank	Mark	Percentile

10. **Subject of specialization the applicant desires to undertake**

Sl.	Subject	Bengaluru	Hassan	Udupi	Preferred Order
1	MD (Ay) - Ayurveda Samhita &Siddhant	-	✓	✓	
2	MD (Ay) –RachanaSharira	-	✓	✓	
3	MD (Ay) –KriyaSharira	-	✓	-	
4	MD (Ay) – DravyagunaVigyana	-	✓	✓	
5	MD (Ay) - Rasa Shastra &BhaishajyaKalpana	-	✓	✓	
6	MD (Ay) –RogaNidana&VikrutiVigyana	-	✓	✓	
7	MD (Ay) - Agada Tantra	-	✓	✓	
8	MD (Ay) - Swasthavritta	-	✓	✓	
9	MD (Ay) – Kaumarabhritya - Balaroga	✓	✓	✓	
10	MD (Ay) - Kayachikitsa	✓	✓	✓	
11	MD (Ay) – Mano Vigyana&ManasaRoga	-	✓	✓	
12	MD (Ay) - Panchakarma	✓	✓	✓	
13	MS (Ay) - Prasuti Tantra &StriRoga	✓	✓	✓	
14	MS (Ay) –Shalya Tantra	✓	✓	✓	
15	MS (Ay) –Shalakya Tantra	✓	✓	-	

11. **Name of the College & University from which Applicant passed Ayurvedic Degree course**

Month & Year of Passing ☐ **Reg. No** ☐

Date of completion of Internship ☐☐☐☐☐☐☐☐

12. **Nationality** : Indian ☐ Other ☐, Give details:

13. **Religion & Caste**	**Blood Group:**
Religion:	Caste:
If belonging to any one of the categories, the same is to be indicated by √ mark	(i) SC ☐ (ii) ST ☐ (iii) GM ☐ (iv) Cat-I ☐ (v) Cat-II (A)/(B) ☐ (vi) Cat-III (A)/(B) ☐ (vii) Other ☐

14. **Source of information regarding the SDM Ayurveda Colleges :** Please tick mark

Self ☐ CollegeWebsite ☐ Alumni ☐ Practitioners ☐ Govt. agencies ☐ Embassy ☐ Other if any specify ☐ Recommended by ……..

15. **Achievements if any (District / State / National level)**

1.Curriculum

2. Co-Curriculum

3. Extra - Curricular (Specify any) a. Sports b. Fine arts

16. **Goal you want to achieve after Postgraduation:**

Life Goal:

Professional Goal:

17. **Documents to be emailed to ayupgadmission22@sdmesociety.in** (Please tick)

i.	AIAPGET Marks Sheet ☐	ii.	BAMS Degree Certificate ☐
iii.	First to Final Year BAMS Marks Card ☐	iv.	Transfer Certificate ☐
v.	Internship Completion Certificate ☐	vi.	Date of Birth Certificate (SSLC / 10th marks card) ☐
vii.	Attempt Certificate ☐	viii.	Conduct Certificate ☐
viii.	Eligibility Certificate of the University ☐	ix.	Registration Certificate of the Board ☐
x.	Migration Certificate ☐	x.	Proof of payment of application fee – DD / NEFT slip

DECLARATION BY THE APPLICANT& PARENT

We hereby declare that the above said information is true to best of our knowledge.

Place:

Date:Signature of the Applicant Signature of the Parent

For Office Use