

Application No.

Sri Dharmasthala Manjunatheshwara Colleges of Ayurveda Hassan / Udupi, Karnataka

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

APPLICATION FOR ADMISSION TO MD/MS AYURVEDA DEGREE COURSE FOR THE ACADEMIC YEAR 2020-21

Please email filled application to: ayupgadmision20@sdmesociety.in

Fee Rs. 500/- may be payable online through NEFT to Principal, SDM College of Ayurveda, Hassan, Bank of Baroda, IFSC:BARB0VJSCAH, A/c No: 63900200000086

Zero

Transaction Id / UTR No & Date:

Affix your recent
passport size
photograph

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

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 D M M Y Y Y Y

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-2020) Score Details

Reg. No.

Rank

Mark

Percentile

10. Subject of specialization the applicant desires to undertake

Sl.	Subject	Hassan	Udupi	Preferred Order
1	MD (Ay) - Ayurveda Samhita & Siddhant	✓	✓	
2	MD (Ay) - Rachana Sharira	✓	✓	
3	MD (Ay) - Kriya Sharira	✓	-	
4	MD (Ay) – Dravyaguna Vigyana	✓	✓	
5	MD (Ay) - Rasa Shastra & Bhaishajya Kalpana	✓	✓	
6	MD (Ay) - Roga Nidana & Vikruti Vigyana	✓	✓	
7	MD (Ay) - Agada Tantra	✓	✓	
8	MD (Ay) - Swasthavritta	✓	✓	
9	MD (Ay) – Kaumarabhritya - Balaroga	✓	✓	
10	MD (Ay) - Kayachikitsa	✓	✓	
11	MD (Ay) – Mano Vigyana & Manasa Roga	✓	✓	
12	MD (Ay) - Panchakarma	✓	✓	
13	MS (Ay) - Prasuti Tantra & Stri Roga	✓	✓	
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 <input type="checkbox"/> Other <input type="checkbox"/> , Give details:	
13. Religion & Caste	Blood Group:
Religion:	Caste:
If belonging to any one of the categories, the same is to be indicated by <input checked="" type="checkbox"/> mark	(i) SC <input type="checkbox"/> (ii) ST <input type="checkbox"/> (iii) GM <input type="checkbox"/> (iv) Cat-I <input type="checkbox"/> (v) Cat-II (A)/(B) <input type="checkbox"/> (vi) Cat-III (A)/(B) <input type="checkbox"/> (vii) Other <input type="checkbox"/>
14. Source of information regarding the SDM Ayurveda Colleges : Please tick mark	
Self <input type="checkbox"/> College Website <input type="checkbox"/> Alumni <input type="checkbox"/> Practitioners <input type="checkbox"/> Govt. agencies <input type="checkbox"/> Embassy <input type="checkbox"/>	
Other if any specify <input type="checkbox"/> 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 ayupgadmision20@sdmesociety.in (Please tick)	
i. AIAPGET Marks Sheet <input type="checkbox"/>	ii. BAMS Degree Certificate <input type="checkbox"/>
iii. First to Final Year BAMS Marks Card <input type="checkbox"/>	iv. Transfer Certificate <input type="checkbox"/>
v. Internship Completion Certificate <input type="checkbox"/>	vi. Date of Birth Certificate (SSLC / 10 th marks card) <input type="checkbox"/>
vii. Attempt Certificate <input type="checkbox"/>	viii. Conduct Certificate <input type="checkbox"/>
viii. Eligibility Certificate of the University <input type="checkbox"/>	ix. Registration Certificate of the Board <input type="checkbox"/>
x. Migration Certificate <input type="checkbox"/>	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