



RajaRajeswari Medical College & Hospital

(Recognized by Medical Council of India & Govt. of India and
Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka)

Sponsored by : MOOGAMBIGAI CHARITABLE AND EDUCATIONAL TRUST

Administrative Office :

Kambipura, Mysore Road,
Bangalore - 560 074
Ph : 080 - 2843 7444
Email : rajeswari_mcet@yahoo.co.in
Website : www.orrgroupints.org

College Campus :

Kambipura, Mysore Road,
Bangalore - 560 074
Ph : 080 - 6560 6366, 6566 6768
Email : info@rrmch.org
enquiry@rrmch.org
Website : www.rrmch.org

APPLICATION FORM



Name : _____

Admitted Course : _____

Date : _____

MBBS

MD

MS

SUPER SPECIALITY

INSTRUCTIONS:

- ⦿ Read the rules and regulations of the college before filling up the application form.
- ⦿ Fill up the application form carefully without any overwriting (use ball point pen only).
- ⦿ Do not attach any original certificates with the application form, only photo copy of the mark list should be enclosed.
- ⦿ Application will be rejected if the information provided is found to be incorrect/ incomplete.

RULES & REGULATIONS

- ⦿ Use of cell phones or any other electronic devices is strictly prohibited inside the college campus.
- ⦿ Smoking, chewing pans, consuming alcohol are strictly prohibited inside the college campus.
- ⦿ College dress code should be strictly followed.
- ⦿ Ragging is strictly forbidden inside and outside the college campus.
- ⦿ Severe action will be taken against the students who do not abide by the rules & regulations of the college.



RajaRajeswari Medical College & Hospital

BANGALORE - 560 074

20 - 20

1. Name of the Candidate : _____
(as given in 10th/SSLC Mark sheet)
2. Sex : Male Female
3. Nationality : _____
4. Religion : _____ Caste : _____ Sub Caste : _____
Category : _____
5. Blood Group : _____
6. Date of Birth : Age: as on 1.7.20
(as given in 10th/SSLC Mark sheet)
7. Mother Tongue : _____
8. Father's Name : _____
Occupation : _____
Annual Income : _____
9. Mother's Name : _____
Occupation : _____
10. Community : OC OBC SC ST Others
11. Place of Birth : _____
Village Town City
District State Country

12. Address for Communication : (in capital)

PIN CODE : _____ Phone No. : _____

(with STD / ISD Code No.)

Parent Mobile No. _____ E-mail : _____

13. Permanent Address :

PIN CODE : _____ Phone No. : _____

(with STD / ISD Code No.)

Parent Mobile No. _____ E-mail : _____

Student Mobile No. _____ E-mail : _____

(Any change in the address for communication should be intimated to the college office immediately)

14. Details of examinations passed :

Name of Exam	Reg.	Name & Address of School / College	Name of the Board	Month & Year of Passing	Medium of Instruction	% of Marks
SSLC						
PUC / +2						
MBBS						
Others						

15. Mark obtained in the qualifying Examination PUC/+2 Marks of over all marks of %

PUC / +2 Reg. No.	Total Max Marks	Marks obtained	%

16. Marks obtained in the qualifying examination: (PUC / +2 Marks) PCB / PCBZ & CET / KRLM / Entrance Examination

Sl. No.	Subjects	Maximum Marks		Marks Obtained		% of Marks in P + C + B
		PUC	CET / KRLM			
1.	Physics					
2.	Chemistry					
3.	Biology					

17. For PG candidate only (Details of UG Degree)

Name of Exam	Reg. No.	Name & Address of School / College	Name of University	Month of Year of Passing	Total No. of Mark & %
I MBBS					
II MBBS					
III MBBS					
IV MBBS					

18. State Medical Council / Registration No. and Date of Registration :

19. Proficiency in sports and games :

20. Any other information:

JOINT DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

We hereby declare that we have read and understood the conditions of eligibility for the purpose for which we seek admission. We fulfill the minimum eligibility criteria and have also provided necessary information in this regard. In the event of any information being found incorrect or misleading, our candidate shall be liable to cancellation at any time and we shall not be entitled to refund of any fees paid by us. We accept that, no cancellation or withdrawal of the candidate is allowed once admission is over.

Date : _____

Place: _____

Signature of
Parent/ Guardian

Signature of
Applicant

DOCUMENTS TO BE SUBMITTED AT THE TIME OF ADMISSION

1. SSLC Marks Card
2. PUC Marks Card
3. PUC Provisional Pass Certificate (if applicable)
4. Transfer Certificate
5. Character/Conduct Certificate
6. Category Certificate (if applicable)
7. Nativity Certificate (for candidates other than Karnataka)
8. Migration Certificate (for candidates other than Karnataka)

Attested copies of the above documents should be attached along with the application when applying and originals should be submitted at the time of admission.

The completely filled in application form must be forwarded to the following address :

**THE ADMISSION OFFICER
RAJARAJESWARI MEDICAL COLLEGE & HOSPITAL**

202, Kambipura Mysore Road, Bangalore - 560 074.

Ph : 080 - 2843 7444

Email : info@rrmch.org, enquiry@rrmch.org

