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.
1. Name of the Candidate: ____________________________________________
   (as given in 10th/SSLC Mark sheet)

2. Sex
   - [ ] Male
   - [ ] Female

3. Nationality: ________________________________

   Category: ___________________________

5. Blood Group: ___________________________

6. Date of Birth: ___________________________ Age: _______ as on 1.7.20
   (as given in 10th/SSLC Mark sheet)

7. Mother's 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:

<table>
<thead>
<tr>
<th>Name of Exam</th>
<th>Reg.</th>
<th>Name &amp; Address of School / College</th>
<th>Name of the Board</th>
<th>Month &amp; Year of Passing</th>
<th>Medium of Instruction</th>
<th>% of Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSLC</td>
<td></td>
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<tr>
<td>PUC / +2</td>
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<tr>
<td>MBBS</td>
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<tr>
<td>Others</td>
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</tbody>
</table>
15. Mark obtained in the qualifying Examination PUC/+2 Marks of over all marks of %

<table>
<thead>
<tr>
<th>PUC / +2 Reg. No.</th>
<th>Total Max Marks</th>
<th>Marks obtained</th>
<th>%</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Subjects</th>
<th>Maximum Marks</th>
<th>Marks Obtained</th>
<th>% of Marks in P + C + B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Physics</td>
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<td>2.</td>
<td>Chemistry</td>
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<td>3.</td>
<td>Biology</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Exam</th>
<th>Reg. No.</th>
<th>Name &amp; Address of School / College</th>
<th>Name of University</th>
<th>Month of Year of Passing</th>
<th>Total No. of Mark &amp; %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I MBBS</td>
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<tr>
<td>II MBBS</td>
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<td>III MBBS</td>
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<td>IV MBBS</td>
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</table>

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 of 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
RAJARAJESHWARI MEDICAL COLLEGE & HOSPITAL
# 202, Kambipura Mysore Road, Bangalore - 560 074.
Ph : 080 - 2843 7444
Email : info@rrmch.org, enquiry@rrmch.org