



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

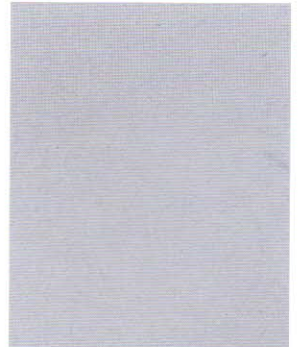
Administrative Office :

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:
