



# 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

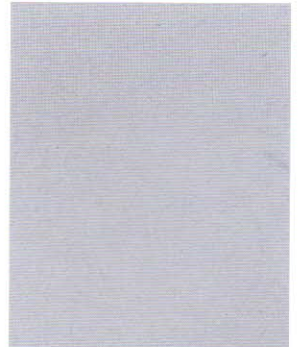
## Administrative Office :

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)

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PIN CODE : \_\_\_\_\_ Phone No. : \_\_\_\_\_

(with STD / ISD Code No.)

Parent Mobile No. \_\_\_\_\_ E-mail : \_\_\_\_\_

13. Permanent Address :

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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 :

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19. Proficiency in sports and games :

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20. Any other information:

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