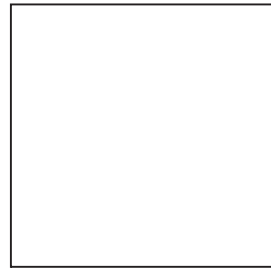


RVS SIDDHA MEDICAL COLLEGE AND HOSPITAL
KUMARAN KOTTAM CAMPUS, KANNAMPALAYAM
SULUR, COIMBATORE – 641 402.

(Recognized by the Central Council of INDIAN MEDICINE New Delhi and
Affiliated to the Tamilnadu Dr.M.G.R.Medical University, Chennai)
(Approved by the State Government of Tamil Nadu,
Dept. of Ayush, Ministry of Health & Family welfare, New Delhi)

APPLICATION FORM



1. Name of the Candidate (In Capital
Letters) Initials at the end :

2. Father's Name and Address :

Pin Code : _____

Phone No.: _____

3. Father's /Guardian Occupation :

4. Sex :

5. Date of Birth and Age :

Day Month Year Age

6. Place of Birth, District and State :

7. Nationality and Religion :

8. Mother Tongue :

9. Community :

10.

Qualifying Examination Passed	Month & Year of Passing	Reg. Number	Medium of Study	Number of Attempts for Passing	Name and Address of the Institution

11. Marks obtained in the qualifying examination:

Subjects	Marks Obtained	Max. Marks	Min. for pass	% Marks Obtained
English				
Physics				
Chemistry				
Biology				
Botany				
Zoology				

DECLARATION BY THE APPLICANT

I _____ (Name in full BLOCK letters)
 Son/Daughter/ward/of _____ hereby
 Solemnly declare that the information furnished and the statements given in the application and the enclosures are true, correct and complete. I further declare that should it be found otherwise, I will be liable to forfeit my seat and/or be removed from the rolls of the Institution at whatever study I may be, besides making me liable for criminal prosecution. I also declare that I shall obey the rules and regulations laid down by the College Administration.

Place :

Date :

Signature of Candidate

DECLARATION BY THE PARENT / GUARDIAN

I declare that the above facts are true to the best of my knowledge and I shall be responsible for any loss or damage to the College property caused by my ward.

Place :

Date :

Signature of Parent / Guardian