

9th Milestone, Rishikesh Haridwar Highway
Shyampur, Rishikesh, 249 204
Phone 0135-3200859

E-mail: himalayiya_medcollege@rediffmail.com



Himalayiya Ayurvedic
College & Hospital

ADMISSION FORM

FOR OFFICE USE ONLY

Admission Form No. _____

Enrolment for Session : 200 – 200

Registration No. : _____

Enrollment No. : _____

Affix recent
passport
size color photo

TO BE FILLED IN BY THE APPLICANT IN BLOCK LETTERS

Course Applied for
(Tick the appropriate box)

B.A.M.S

D.Pharma

Name (In Block Letters) _____

Date of Birth (DD/MM/YYYY) _____

Gender

Male

Female

Father's Name _____

Occupation _____

Mother's Name _____

Category

General

SC

ST

OBC

PH

FF

Other

Corresponding Address _____

Phones/Mobile _____

Email _____

Permanent Address _____

Phones/Mobile _____

Email _____

Hostel * :

Required

Not Required

Transportation

Required

Not Required

*Hostel facility is subject
to availability and strictly
on first come-first serve
basis.

Educational Qualification (Attach attested copies of proof of qualifications)

Examination Passed	Board/University	Year	Subjects	Percentage
High School				
Intermediate				
Graduation				
Others				
Any Distinguished Achievements				

DECLARATION

1. The information and particulars given by me in this form are true, complete and correct to the best of my knowledge and belief. In the event of any information given by me is found to be false or incorrect, or any ineligibility detected before or after the admission, my admission is liable to be cancelled by the institute.
2. I will not damage the reputation of the institute and its property. I do hereby agree to pay the cost of damages caused by me to any movable or immovable property of the institute or hostel along with fine, due to my malafied, intentional or negligent working.
3. I am not suffering from any communicable/ infectious disease.
4. I have not been involved in any unlawful activities in the past and will not indulge during the course of studies at the institute.
5. I will remain respectful and obedient to the faculty and management.
6. I will follow the institute dress code of conducted and instruction issued from time to time.
7. I agree to pay the tuition fee and hostel charges on time.
8. I am aware that fee once paid is neither refundable nor adjustable.

CERTIFICATION FROM THE FATHER/ GUARDIAN

I _____ father/mother of Mr. / Ms. _____, who is candidate for admission to the institute, certify that I am bonafide guardian of the candidate. I assure that the candidate and shall abide by all the rules and regulations of the institute which are in vogue as well as those which may come into force later. I further assure that all the required fee will be paid in time and I am aware that the fee once paid by my ward is neither refundable nor adjustable.

Signature of the Parent/Guardian

Signature of the Student

Date _____

Place _____