



Om Shanti Bahuuddeshiya Shikshan Sanstha's  
**GURU MISHRI AYURVED COLLEGE AND  
HOSPITAL**

Shelgaon Tq. Badnapur Dist. Jalna 431202 (M.S.)

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**Dr. K.S. Desarda**  
**President**

**Dr. Yogesh Desarda**  
**Secretary**

**I - BAMS ADMISSION FORM 20 - 20**

- Admission CAP Round No : \_\_\_\_\_
- Date of Admission : \_\_\_\_\_
- Scholarship : GOI /EBC/Minority (Tick)
- Hostel (Y/N) : \_\_\_\_\_

Student  
Signature

Student  
Signature

Admission Quota	State Quota		All India Quota		Institutional Quota	

Constitutional Category of Admission	OPEN	SC	ST	OBC	VJNT	SBC	SEBC	EWS

**• Personal Information (INCAPITAL Letters)**

S	U	R	N	A	M	E	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E

Student Name in Devanagari (Marathi) \_\_\_\_\_

Gender :- Male ☐ Female ☐ Student Blood Group : \_\_\_\_\_

Permanent Address		Correspondence Address
House/ Flat No		
Street/Block/ Sector No		
Area/ Locality/Division		
Taluka		
District		
State		
Pin Code		
Landline No.		

Domicile & Nationality Details			
Nationality is Indian	Yes/No	If No Specify Name of Country	
Are you Domicile of Maharashtra	Yes/No	If No Specify Sate	
Do you have Domicile Certificate	Yes/No.	If Yes Certificate No.	
Issuing Authority			
Date of Issue			
Student's Birth Details			
Date of Birth			
Date of Birth in Words			
Place of Birth Tal & Dist.			
Mark of Identification			
Student's Caste Details			
Religion	Hindu/Muslim/Jain/Buddhist, Shikh, Chrishchan		
Cast			
Sub Cast			
Category			
	Caste Certificate	Validity Certificate	Non Creamy layer
Do you have Caste Certificate	Yes/No	Yes/No	Yes/No
Certificate No.			
Issue Date			
Issuing Authority			
Issuing District			
Barcode Available			
Students Bank Details			
Is your Bank Account is Aadhar Link	Yes/No	If Yes Account No.	
Bank Name			
IFSC Code		Branch Name	
MICR Code		Branch Phone No.	
Bank Address			

Details of National Entrance Cum Eligibility Test (NEET)						
Year & Month of Passing						
Name of Examination						
Roll No.						
Physics						
Chemistry						
Biology						
Obtained Marks						
NEET Total Percentile Score						
All India Rank						
State Merit List Number						
Document Verification Place						
Registration State CET CELL						
HSC Details	Physics	Chemistry	Biology	PCB Total	English	PCBE Total
Marks						

**Previous Academic Details :**

Particular	SSC/ 10 <sup>Th</sup>	HSC/12 <sup>Th</sup>	Other Degree/Diploma Qualification
Admission Year			
Passing Year and Month			
Seat No.			
Certificate No.			
Total Obtained Marks			
Percentage			
Attempt			
Mode: Regular/Distance			
School/College Name & Address			
Board Name & Division			
Taluka			
District			
State			

### Personal Details :

Particular	Students Information	Father's Information	Mother's Information
Name			
Middle/Fathers/Husband Name			
Surname			
Mob No.			
AlterNet Mob No.			
Email Address			
Adhar Card No.			
Is Alive?	Occupation Details		
Students Election Card No.	Salaried Yes/No		
	Approx. Yearly Income		

### Local Guardian Details

Particular			
Name			
Relation With Student			
Address			
Mobile No.			
Aadhar Card No.			

### Income, Domicile & Nationality Details

Do you have income certificate		Nationality is Indian If No Specify name of country	Yes/No
Year of Income certificate		Are you Domicile of Maharashtra If No, Specify Sate	Yes/No
Certificate No.		Do you have domicile certificate	
Issuing authority		Certificate No.	
Date of Issue		Issuing Authority & Date	

Details of Documents Submitted			
Sr. No.	Name of Document/Certificate	Original Received (Tick)	03 Sets of Xerox Copy Received (Tick)
01	CAP Allotment Letter/Selection List		
02	Admit Card of NEET–2024		
03	Downloaded Online Application form of competent authority		
04	NEET Mark Sheet 2024		
05	Nationality Certificate/Birth Certificate/Valid Passport		
06	Domicile Certificate		
07	HSC Mark-Sheet		
08	S.S.C. Certificate (for Date of Birth)		
09	Adhar Card		
10	Medial Fitness Certificate		
11	Caste Certificate (if Applicable)		
12	Cast Validity Certificate (if Applicable)		
13	Non-Creamy Layer Cert (if Applicable) Valid up to 31.03.2025		
14	EWS Certificate (if Applicable-Specified Reservation)		
15	Leaving Certificate (T.C.)		
16	If Applicable : GAP Certificate		
17	05 Passport Size Photos of Student		
18	Minority Declaration Certificate		
19	Migration Certificate (If Applicable T.C. Is other than Board or University)		
20	Person with disability Certificate (PWD)		
21	Orphan Certificate (if Applicable-Specified Reservation)		
22	Name Change Gestate/ Marriage Certificate (If Applicable)		
23	100/-Rupees Stamp Paper for Tuition Fees Agreement. After Retention Form		
24	All Original Document Scanning Pen drive Or Email in Zip folder		
25			
26			

**Note:-** 1. Three Sets of Xerox copies of each certificate.

1. Submits the Xerox copies of Certificates Strictly according to Serial No.
2. At the time of Admission all the certificates in original are essential to be submitted.

**Original Documents Pending:** \_\_\_\_\_

- If the student failed to submit the documents within the specified period, the admission will be cancelled and the student must have to pay the total fees for the concern admission.

## DECLARATION BY STUDENT

I hereby declare that I have read the rules related to admission and the information filled by main this form is accurate and true the best of my knowledge. I will be responsible for any discrepancy arising out of the form signed by me and I undertake that in absence of any document the final admission will not be granted and or admission will stand cancel. I am aware of the Maharashtra Prohibition of Ragging Act 1999 and I state that abide by all the rules and regulations of the said act. I know that my admission will confirmed only after approved from Admission Regulation Authority & Maharashtra University of Health Sciences, Nashik.

**Place: Shelgaon, Jalna**

**Signature of Student**

## DECLARATION BY FATHER/MOTHER/GUARDIAN:-

I have permitted my son / daughter/ward to join your college. The information supplied by him/her is correct to the best of my knowledge. I have acquainted with the rules and fees, dues to my Son/daughter/ward and to see that he/she observes.

**Place:-**

**Date:-     /     /**

**Signature of Father/Mother/Guardian**

## For Office Use Only

**Member Admission Committee**

**Admission Incharge**

**Director**

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**Fees Fixed: \_\_\_\_\_ Fees Paid \_\_\_\_\_ ReceiptNo. \_\_\_\_\_ Date \_\_\_\_\_**

**Administrative Officer**

**Accountant/Casher**