



Dr. Krishna Gopal Dwivedi Ayurvedic Medical College and Hospital
Sarmau, Jhansi (U.P.)

Admission/Application Form

Name of Course Applied For.....

1. Date of Application :.....

2. Name of Applicant (In Hindi):.....

In English (In capital Letters):.....

Mob.No.....Phone:.....

(E-mail Id).....

3. Father's Name:.....

Mob.No.....Phone:.....

4. Mother's Name.....

5. Address (for Correspondance).....

Town.....District.....State.....Pin.....

6. Religion & Caste.....

7. Permanent Address.....

Town.....District.....State.....Pin.....

8. Date of Birth.....

9. (Age on Oct. 2016)

Year.....Month.....Day.....

8. Date of Birth.....

9. (Age on Oct. 2016)

Year.....Month.....Day.....

If you are belonging to following reservation category, then enclosed the certificate

(Tick) Gen. / SC / ST / OBC

10. Educational Qualification:

Name of Exam	Name of Institution	Year of Board / University Passing	Subject (%)	DivisionRemarks
High School				
Intermediate				
Other				

11. D.D. No..... Date..... Amount..... Bank Name.....

(Signature of Applicant)

Enclosure : (send only through Speed Post/ Registry)

1. Highschool Marksheet & Certificate

2. Intermediate Marksheet & Certificate

3. D.D. of Rs. 1000 of Dr. K.G. Dwivedi Ayurvedic Medical College & Hospital Sarmau, Jhansi (U.P.) of any