

KESHAV AYURVEDIC MEDICAL COLLEGE & HOSPITAL
AKLERA, JHALAWAR RAJ. (BAMS-BATCH-2020-21)
ADMISSION FORM

Name of Student :-----

(In capital latter)

Name of Student: -----

(In Hindi)

Father's Name:-----

Date of birth:----- (DD/MM/YYYY)

Category:-----

Neet Roll No.-----Rank-----

Pramanent Address:-----

Postal Address: -----

Name of local guardian-----

Address -----

Number of mobile- 1. Student-----

2. Father-----

3. Guardian-----

E-mail Id-----

Date:

STUDENT'S SINGNATURE

Above details furnished by me is my true in my knowledge. Follow the rules and regulation of institution.

Date:

STUDENT'S SINGNATURE