

Form No. ....

Roll No. ....

# DAYANAND AYURVEDIC MEDICAL COLLEGE & HOSPITAL, SIWAN (BIHAR)

## APPLICATION FORM

For The Entrance Examination of First Semester of B.A.M.S. Course

For the Session  

**Note :** PARTICULARS SHOULD BE FILLED IN BLOCK LETTERS ONLY WITHOUT ANY CUTTING OR OVER WRITING IN CANDIDATES OWN HAND WRITING

1. Name of Applicant : .....
2. Father's Name : .....
3. Guardian's Name : .....  
(In Case Father is not alive)
4. (A) Permanent Address : .....  
.....  
(B) Address for Correspondence : .....  
.....  
(C) Telephone No. (if any) : .....
5. Date of Birth :  
(A) In digits        
Date Month Year  
(B) In words : .....
6. Nationality : .....
7. Father's/Guardian's Occupation : .....
8. Name of the last institution attended : .....
9. Mark of Identification :  
i) .....  
ii) .....
10. Academic Qualifications : .....

Affix here a  
passport size  
photograph

Examination Passing	Board/University	Year of Passed	% of Marks	Division	Subjects

### DECLARATION OF APPLICANT

I Declare That :

- (a) This form is filled by me with the consent of my Parents/Guardian, and all the entries are correct to my knowledge.  
 (b) I do here by give and undertaking to the effect that in the event of my selection for admission to B.A.M.S. Course, I shall devote by the rules and regulations of the College and University.  
 I further declare that I shall produce my original documents at the time of admission.

Signature of Parents/Guardian  
Date : .....

Full Signature of Applicant  
Date : .....

**ENCLOSURES :** The following documents should be attached with the application form (without these the application will not be accepted)

1. Attested Photocopies of Marksheets of High School & Intermediate.
2. Attested Photocopy of High School Certificate for age proof.
3. Attested Photocopy of School/College leaving Certificate.
4. Character certificate given by the head of last institution attended or by a Gazetted officer mentioning how he knows the applicant.

**DAYANAND AYURVEDIC MEDICAL COLLEGE & HOSPITAL  
SIWAN (BIHAR)**

**B.A.M.S. (First Semester) Entrance Examination**  
Session

**ADMIT CARD**

Affix here a  
passport size  
photograph

(To be filled in by the Candidate)  
In block letters

1. Name : .....
2. Father's Name : .....
3. Mailing Address : .....  
(With PIN Code)
4. Marks of Identification : (i) .....  
(ii) .....
5. Specimen Signature of Candidate (In full) : .....  
(Not in block letters)

For office use only :

Date and Time of Commencement  
of Examination .....

Written  
Oral .....

Place of Examination :

Roll No.

Controller of Examination  
B.A.M.S. (I Sem.) College & Hospital  
Siwan (Bihar)

(See Instructions overleaf)

**Acknowledgement Slip**

Received an application form (with admit card by Mr .....

S/o Mr. .... for session ..... by hand/post.

Receiving authority

Date .....

**INSTRUCTIONS FOR CANDIDATES**

1. Candidates will be allowed to enter the examination hall only on production of Admit Card.
2. No Candidate will be allowed to leave the examination hall before the last bell.
3. Candidate shall not be allowed to carry any objectionable material inside the examination hall.
4. After completion, the candidate have to be deposit the question booklet with the invigilator of the examination hall.
5. The question booklet is not to be taken out of the examination hall under any condition.
6. USE BALL PEN ONLY WITH BLUE OR BLACK INK.
7. The duration of examination in 2 hours.
8. These are the instructions for written examination only. Instructions for oral examination will be given after completion of written exams.