



# AYUSHMAN COLLEGE, BHOPAL

## ADMISSION FORM

(Postgraduate Courses)

Affix your  
Passport Size  
Photograph

Form No. \_\_\_\_\_ (To be filed in block capital letters, in own handwriting)

### Tick Course Title

- MPT(Cardiothoracic)
- MPT(Obstetrics and Gynaecology)
- MPT(Neurology)
- MPT(Orthopedics)
- MPT(Sports )

If not admitted in the course applied for and interested to be considered for admission in other courses ( indicate in order of choice )

a----- b----- c----- d-----

1. **Applicant's Full Name (in English)**-----

**Applicant's Full Name (in Hindi)**-----

### Tick Caste/Category

SC	ST	OBC	GENERAL
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### Tick Nationality

INDIAN	Other (Specify).....
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2. **Address-Permanent** -----

-----Tel-----

**Address-Local**-----

-----Tel-----

3. **E-mail :** -----

4. **Date of Birth** Day-----Month-----Year-----

5. **Place of Birth** Place-----District-----State-----

6. **Father's Name**-----

7. **Mother's Name**-----

8. **Local Guardian's Name**-----Relation-----

Address-----

-----Tel-----

**9. EDUCATIONAL QUALIFICATION**

Exam	Board/College/University	Year	Subjects	Total Marks	Marks Obtained	%
10th						
12th						
BPT-I						
BPT-II						
BPT-III						
BPT-IV						

10. University Enrollment No. (if already enrolled with Barkatullah University, Bhopal) .....

**11. List of Enclosures**

- a) 10th Class/High School /equivalent Mark Sheet of any recognized board.
- b) Date of Birth Proof (High School Certificate)
- c) 12th Class/ Equivalent Marksheet of any recognized board.
- d) Character Certificate (from the head of the institution last attended)
- e) College Leaving Certificate.
- f) Three pasport size photographs.
- g) Caste Certificate (for SC/ST/OBC candidates only)
- h) Marksheets of BPT-I, BPT-II, BPT-III, BPT-IV
- i) Internship Completion Certificate.
- j) Experience certificate (after BPT If any).

**DECLARATION BY APPLICANT**

I (Name of applicant).....here by declare that I shall abide by the rules and regulations of the institute and shall obey all instructions given by the authorities whether oral or written and shall indemnify against loss or damage to machinery, furniture, fixture, book etc. caused through my negligence, carelessness voluntary or involuntary action whether direct or indirect. I have carefully gone through the prospectus and I agree to abide by the conditions therein and also the periodical changes, if any. I am well aware about the validity of the courses. I am taking the admission in the institution after being full satisfied . I also understand that I am liable to deposit full course fees once I take admission in any of the course. I also understand that once fees deposited shall not be refunded in any case. I also declare I that have been informed about the fees structure before taking admission in the course and I accept it and that the fees shall be such as applicable for unaided private professional colleges and as decided by the fees fixation committee appointed by the State Govt. or by a judicial pronouncement. I also understand that the ordinance/syllabus/course/final examination and award of Degree/Diploma is within the jurisdiction of the university/MP Paramedical Council or statutory authority and that this institute has neither any say nor any liability in this respect.

Place.....

Date.....

Signature of  
Parent/Guardian/Husband

Signature of Applicant

**FOR OFFICE USE ONLY**

Admitted in -----

Fee deposited ----- Receipt No. ----- Date -----