



Application No. _____

AMRITA SCHOOL OF MEDICINE Kochi - 682 041

Application for MBBS / BDS / BAMS Course 2011
(Do not tear the Hall Ticket & Attendance sheet)

For Office Use Only

Date of receipt :

Hall Ticket No. :

Centre of Examination allotted :

Paste one recent passport size **face closeup** color photograph self attested by the Candidate

Paste : Do not pin or staple

VERY IMPORTANT

(Use black ball point pen for filling up)

Please indicate your choice of courses by **numbering** strictly in accordance with the conditions mentioned under (6) on the "Terms and Conditions". Incomplete and incorrect filling up will result in the rejection of your application

MBBS BDS BAMS (Ayurveda)

Indicate (by darkening the column) whether you would like to be considered for } Merit NRI / Management

For details of Management seat, please see our website at www.amrita.edu or contact by email ccr@amrita.edu or Fax no +91 422 2652 125

Incase of downloaded and online applications :

D.D. No. Name of Bank.....

Date Amount

Write your Name, Course and Centre of examination chosen on the reverse of the D.D.

Centre of Examination, as per the choice of the applicant: (Please see (11) of Terms & Conditions)
(Indicate choice by numbering according to preferences)

- Delhi Kolkata Hyderabad Chennai Bangalore California
 Coimbatore Kozhikode Kochi Amritapuri Thiruvananthapuram

Name of Candidate :
(IN BOLD LETTERS) (AS IN YOUR SCHOOL RECORDS)

Sex : Male Female Date of Birth :

(Darken the Box)

Do you belong to SC ST OBC If Yes,

Name the **Caste** and **Community**..... (attach Certificate of Caste)

Details of Parents (Candidates to fill up)

	FATHER	MOTHER
Name		
Occupation		
Annual Income		
Name and address of the organization where working		
Phone (with STD Code) Please see the instructions at SI. No.12 the terms and conditions.		

(Retain a photocopy of the application before submission)

RESIDENTIAL ADDRESS		
	PRESENT	PERMANENT
House No. / Name		
Village & Post Office		
City & District		
State & Pin Code		
Tel. (With STD code) & Mobile Nos. Please see the instructions on Sl. No.12 in the terms and conditions)	Ph:	Ph:
	Mob:	Mob:
Email ID if any		

Name of the Institution (with place) in which candidate studied for +2 exam :

Syllabus with month and year of passing / appearing } **CBSE / ISCE / State Syllabus / Others**
 (Strike off whatever is not applicable)

Subjects	Details of +2 / Higher Secondary Marks		
	Marks Scored	Out of	Percentage
Physics			
Chemistry			
Biology/Biotechnology			
Total			
English			
Eligibility : Minimum 60% marks together for Physics, Chemistry, Biology/Biotechnology and 60% marks for English separately Biotechnology subject will be considered only for MBBS.			

Please make sure that the Mark list is furnished before **06-06-2011**. Those who submit the marklist along with the application need not submit the same again.

JOINT DECLARATION BY THE CANDIDATE AND THE PARENT

We hereby declare that all information furnished in this Application are true to the best of our knowledge and belief. We are also aware that if any statement made herein is found to be incorrect at any time either before or after admission Principal, Amrita School of Medicine/Chairman-Admissions has the right to reject the application and may cancel the admission if at all admitted.

We are also aware of our financial obligations to AMRITA SCHOOL OF MEDICINE, in case the candidate gets admission to the Medical School and we undertake to pay the tuition, Hostel, Mess and other fees as fixed by the Institution from time to time. We also undertake to strictly adhere to the rules and regulations of the Institution and agree to abide by the decision of the Principal, Amrita School of Medicine/Chairman-Admissions in all matters of admissions and thereafter.

Signature of the Candidate :
Date :

Signature of the Parent :

ENCLOSURES (Please staple the enclosures to the inside of this sheet. Not to the Hall Ticket sheet.)

1. Mark list of qualifying examination if available (Xerox copy, attested)
2. In case of a downloaded form, enclose a demand draft for Rs. 1500/- in favour of Amrita Vishwa Vidyapeetham, Payable at Kochi. Those who have already purchased the application form need not send any payment. Please write Name of Candidate and Centre chosen on the reverse of the demand draft.
3. One self-addressed envelope (supplied along with application form) pasted with postal stamp of Rs.5/-(for ordinary post).
4. If belonging to SC/ST/OBC, Certificate from the concerned authorities.

THERE IS NO SEPARATE EXAMINATION FEES.

Send the Application form, Hall Ticket, Attendance sheet, self addressed envelope and enclosures by **Speed Post** or by **Courier** or by **Hand Delivery** to **The Admission Co-ordinator, Office of Admissions, Amrita Vishwa Vidyapeetham Health Sciences Campus, Amrita Institute of Medical Sciences, Kochi – 682 041, Kerala.** Application forms should reach not later than **30th April 2011.**

MBBS/BDS/BAMS-2011

Date of Amrita Entrance Examination:

May 22, 2011 (Sunday)

Time of Examination: 10.00 AM to 12.30 PM

The candidate shall be present at the centre 30 minutes before the commencement of the test.

Candidate will not be admitted to the examination hall after 10.30 AM.

Candidate should produce the Hall Ticket; otherwise candidate shall not be allowed to sit for the test.

Candidate should hand over the answer sheet and the question paper to the invigilator, before leaving the examination hall.

Candidate must bring pen, pencil, sharpener and erasers.

Do not bring any books notes, mobile phones, calculators, laptop, mp3 players, I-pod or any other electronic gadgets to the examination hall.