

Application No. **CERTIFICATES TO BE ENCLOSED**

S.No	Name of the Certificates	Nos.	Original / Xerox
1.	Transfer Certificate		
2.	Community Certificate		
3.	Nativity Certificate		
4.	Income Certificate		
5.	First Graduate Certificate (If Applicable)		
6.	Eligibility Certificate (If Applicable)		
7.	Migration Certificate (If Applicable)		
8.	Passport Size Photo - 83 and Stamp size Photo - 03		
9.	10" - Mark Sheet		
10.	12" - Mark Sheet		
11.	Student's Bank Pass Book - Xerox Copy		
12.	Physical Fitness & Blood Group Certificate		
13.	Adhar Card - Xerox Copy		
14.	Agreement Bond		
15.	Allotment Order (Govt. Quota)		
16.	Tuition Fee Bank Challan (Govt. Quota)		
	Total		



**SWAMY VIVEKANANDHA
NATUROPATHY & YOGA MEDICAL COLLEGE**

Sponsored by - Rabinchranath Tagore Educational Charitable Trust.
Affiliated to The Tamil Nadu Dr. M.G.R Medical university, Chennai.
Approved by health and family welfare development, Government of Tamilnadu,
Veerachipalayam, saankari, Salem District - 637 383

E - Mail Id : swamy2019@gmail.com, swamyvivekanandhabnys2020@gmail.com

**Application form for admission in
B.N.Y.S Course for the academic Year 20 - 20**

Name: (In Capital) with expanded initials

Sex **D.O.B** **Age**

Father Name **Occupation** **Annual Income**

Mother Name **Occupation** **Annual Income**

Marital Status : Single / Married **Spouse Name**

Community OC / BC / BCM / MBC / SC / SCA / ST **Aadhear No.**

Nationality **Religion** **Mother Tongue**

Place of Birth **District** **State**

Permanent Address

District **State** **Pincode**

Cell No **Landline No**

E-Mail ID



Name & Postal Address of the local Guardian

District State Pincode

Cell No Landline No

E-Mail ID

Postal Address to which communication to be sent

District State Pincode

Cell No Landline No

E-Mail ID

For NRI / Foreign Student

Passport No Dt. of issue Valid Upto Issuing office

Visa No Dt. of issue Valid Upto Issuing office

Whether Hostel accommodation required Yes / No.

Relevant Medical Information
Kindly provide details to the following questions correctly, so as to provide proper medical care.
Please do not suppress any relevant information. Put a (✓) mark against the relevant conditions.

Blood Group Whether Blood Donor

Any Present Medical History

Past Medical History

Are you taking any drug regularly? Yes / No.

if yes, give details

Any other significant Medical / Surgical Information



Name of the Institution last studied

Qualifying Examination Registration No.

Medium of instruction Board / University

District State

Subject	Month & Year of Passing	Maximum Marks	Marks Obtained
Language I			
Language II			
Physics			
Chemistry			
Biology			
Total			
Total Percentage			

JOINT DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

I hereby solemnly affirm that the particulars furnished by me in this application are true. The certificates submitted by me are genuine. If found bogus on verification, I am aware that I will be liable for criminal prosecution and as deemed fit for any other action. Further I state that I will not indulge in ragging during the course of my study in this institution in any manner both in college and hostel. I am aware that in the event of involving in ragging, I will be put in punitive action even upto removal from the college and hostel. If admitted to the College, I agree to observe all the rules and regulations of this College and to pay all fees and charges assessed there under. If I am found not adhering to the above mentioned rules of discipline and code of conduct, I shall lose the privilege of continuing as the student of the college.

I accept the decision of the The Tamilnadu Dr. M.G.R. Medical University, Chennai regarding the eligibility criteria for admission to B.N.Y.S. course.

Signature of Parent / Guardian

Signature of the Applicant

Date :

Place :