JSS Medical College, Mysuru

Jagadguru Sri Shivararhreeshwara University

JSS Medical institutions Campus, Shivarathreeshwara Nagar, Mysuru – 570 015.



APPLICATION FORM FOR REGISTRATION.																				
Incomplete Application will be rejected. Year: 2017																				
Course:										Recent passport s photo of the stude to be attested by Principal/ Dean the college.			student l by the Dean of							
NAME OF THE CANDIDATE (In Block Letters) as per 10 th / SSLC certificate																				
2. Mobile No.: — E-Mail: —																				
3. NAME OF FATHER / GUARDIAN (In Block Letters) as per 10 th / SSLC certificate																				
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4. FATHER'S OCCUPATION.5. PERMANENT ADDRESS (In Block Letters)																				
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STATE																				
COUNTR	RY					1	1							7						
TELEPH	ONE																			
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5. ADDR	ESS F	OR	COI	RRE	SPC	ND	ENC	E _												
	(CITY	7						STA	TE_					_PIN	I				
PARENTS / GUARDIAN PHONE NO MOBILE NO MOBILE NO																				
E-Mail: —																				
6. DATE OF BIRTH:// AGE:YEARS Day / Month / Year																				
7. PLACE OF BIRTH:																				
8. NATIONALITY: Indian Others Details:																				
9. SEX : Male 10. RELIGION:																				
10. CATE	GOR	Y : (Gene	ral		OBC	: [С	AT -	- I 「		SC	S	r [Oth	ners]		

11. MARKS OF QUALIFYING EXAMINATION:

NAME OF THE EXAMINATION	NAME OF BOARD/UNIVERSITY	YEAR OF PASSING	% OF MARKS / Grade
10 th Std/Eqv.			
12 th Std/Eqv.			
Graduation			
PG			
Any other			
(Specify)			

DECLARATION AND UNDERSTANDING BY THE CANDIDATE.

- 1. I, hereby declare that the entries in the form are true to the best of my knowledge and belief. In case any entry in this form is found to be false, I have no objection in University disqualifying me from appearing for the examination and debar me from appearing Examination in future.
- 2. I, further declare that I have no objection for being searched/supervised by an official deputed by the Superintendent of the examination or by the Registrar/ Controller of examination of JSS University, Mysore during the course of or before the examination.
- 3. I, also declare that in the event of boycott or walkout in any paper I shall agree to be marked absent in that paper and/or the award of punishment as the University may give or impose.
- 4. I, declare that I have not been punished for using unfair means at any Examination.
- 5. I, hereby declare that I have 50% or more marks in qualifying subjects for admission at college level.
- 6. I, hereby declare that I shall abide by the honor code signed by me.
- 7. I am liable for payment of the balance of fees calculated for entire course, in case I discontinue the course or expelled out of the college for any reason. I shall abide by all the rules & regulations of the College that may be framed from time to time. In all matters regarding my admission of this course, the decision of the college is final & binding on me.
- 8. I hereby declare that I have the financial obligation & I can afford to pay the tuition & other fees payable to the institution as decided by the management /principal of the college from time to time.

Place:		
Date:	Signature of the Candidate	Signature of the Parent/guardian

List of Enclosure of accompany the application form

- 1. S.S.L.C./Equivalent Examination marks card.(Proof of Date of Birth)
- 2. P.U.C/Equivalent examination marks card.
- 3. M.Ph, M.Sc.,PG, B.Sc., Ph.D / Equivalent examination marks card.
- 4. Transfer Certificate
- 5. Migration Certificate-(Other State)
- 6. Conduct Certificate
- 7. Four passport size photographs of which one to be affix to the application form in the space provided
- 8. Degree Certificate.

FOR OFFICE USE

Admitted / not admitted	Admission is approved/Rejected
Signature of the Administrative officer	Signature of the Principal
Date:	Date: