



Application No:

**RSU Medical College of Electropathy and Hospital
(Affiliated to NEHM of India, New Delhi)
(Run by SSHMILE Trust)
MADURAI**

ADMISSION TO BEMS COURSE APPLICATION FORM

A. R. NO.	
(To be assigned by the selection committee)	

1)	+2 Examination / Equivalent Board Register Number, Year & Month	REGISTER NUMBER										YEAR			MONTH	

2)	UG NEET DETAILS (Year: 20__)	NEET REGISTER NO.			NEET SCORE			SPACE FOR PHOTOGRAPH
3)	Name In Block Letters (Initials at the end)							
4)	Name of the Parent/Guardian							
5)	Gender (Encircle a Code)	MALE	FEMALE	TRANSGENDER				
		1	2	3				

6)	NATIONALITY (Encircle a Code)	INDIAN	OTHERS	7)	DATE OF BIRTH	DATE	MONTH	YEAR
		1	2					

8)	Qualifying Examination (Encircle a Code)	9)	No. of Attempts	1st Attempt	2nd Attempt	3rd Attempt	
	HSE		1				
	SSCE/CBSE		2	REG. NO.			
	ISCE		3	YEAR			
	OTHERS		4				

Marks obtained in select science in the Qualifying Examination In the First Attempt only:-

10) SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	% OF MARKS	WEIGHTED TOTAL MARKS	METHOD OF CALCULATION
PHYSICS			Y1	Y	$Y = \frac{Y1 + Y2}{2}$
CHEMISTRY			Y2		
BIOLOGY/ BIO-TECHNOLOGY			X	X	X
BOTANY			Z1	2	$Z = \frac{Z1 + Z2}{2}$
ZOOLOGY			Z2		
TOTAL MARKS					(X + Y) OR (Z + Y)

10 a) Fourth Optional Subject:	SUBJECT	MAXIMUM MARKS	MARKS OBTAINED

11) Are you undergoing or completed a Professional course in anywhere? If yes furnish particulars. If no write NOT APPLICABLE :-			
NAME OF THE COURSE	MONTH & YEAR		NAME & PLACE OF THE COLLEGE
	FROM	TO	

12)	Medium of Instruction: (Encircle a code)	ENGLISH	TAMIL	OTHERS
		1	2	3

13)	RELIGION NAME	
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14)	Mother tongue	
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ADDRESS FOR COMMUNICATION:-

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PIN CODE :

MOBILE : LAND LINE NO. :

e-mail ID :

Signature of parent / Guardian

Signature of Candidate

Place & Date :

DECLARATION BY THE APPLICANT & PARENT

I (Name in Full & in Block Letters) Son / Daughter / Ward of an applicant for BEMS (20__ / 20__) session declare that the information and the statements given in the application and enclosures are true, correct & complete. I further declare that if it is found otherwise, I will be liable to forfeit the seat and / or be removed from the rolls of the institution at whatever stage of study. I may be, besides making me liable for criminal prosecution.

I ENCLOSED ALL THE COPY OF CERTIFICATES WITH THIS APPLICATION AND I HAVE READ THE PROSPECTUS THOROUGHLY AND I UNDERSTOOD ALL THE CLAUSES MENTIONED IN THE PROSPECTUS.

I (Name in Full & in Block Letters) Father / Mother / Gurdian of and applicant for BEMS (20__ / 20__) session hereby solemnly declare that I am fully aware of the above declaration and the particulars furnished are correct. I further declare that if it is found otherwise, my ward will be liable to forfeit the seat and / or be removed from the rolls of the institution at whatever stage of study.