Registration No.

NATIONAL INSTITUTE OF UNANI MEDICINE, BANGALORE
APPLICATION FORM FOR ADMISSIONS TO M.D/M.S (UNANI) COURSE (2011-12)

Please fill in all the entries in CAPITAL LETTERS with BALL PEN only.

1. Personal Details

Name (Use CAPITAL LETTERS only. Leave a blank box between First, Middle & Last Names)

Date of Birth **Age in years** **Gender** **Category**

DAY MONTH YEAR As on 30-09-11 M/F General, SC, ST, OBC

Nationality

Whether Physically disabled = Y/N _____

Whether GOI Nominee = Y/N _____

Whether Govt. In-Service candidate = Y/N _____

Affix latest passport size photograph duly attested by a gazetted officer
DO NOT STAPLE

Domicile State

Mother's Name (Use CAPITAL LETTERS only. Leave a blank box between First, Middle & Last Names)

Father's Name (Use CAPITAL LETTERS only. Leave a blank box between First, Middle & Last Names)

2. Details of Qualifying Examination

Examination		Name of College & Place	Board/ University	No. of Attempts	Year of Passing	%	Aggregate %	Date of Completion of Internship
BUMS Annual / Professional	I							
	II							
	III							
	I V							
	V							

3. Details of Fee

Challan No.	Date	Amount (Rs.)	Name of the Bank	Branch Name with Place

4.Present Address for Correspondence **7.Permanent Address**

PIN	**PIN**

Phone No. with STD Code: ……Mobile No…….E-mail: …….

DECLARATION BY THE APPLICANT

I.....……..S/o or D/o...…….....declare that all the statements given in this application form are true to the best of my knowledge. I understand that if any of the statements are found wrong, my admission will stand cancelled. If admitted, I will abide by the rules & regulations in force in NIUM and as amended from time to time and pay the prescribed fees.

Signature of the Candidate

Date:
Place:

For Office Use: Date of receiving of application……., Fee paid Rs……

Signature of receiving clerk