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 : .................................................

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

In case of downloaded and online applications:

OBC

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

Paste : Do not pin or staple

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

(Darken the Box)

Do you belong to    SC    ST    OBC    If Yes,

Name the Caste ............................................................................ and Community .....................................................

(details Certificate of Caste)

Details of Parents (Candidates to fill up)

<table>
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<tr>
<th>FATHER</th>
<th>MOTHER</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Occupation</td>
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<td>Annual Income</td>
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<td>Name and address of the organization where working</td>
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<td>Phone (with STD Code) Please see the instructions at Sl. No.12 the terms and conditions.</td>
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(Retain a photocopy of the application before submission)
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.

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-Amissions 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-Amissions in all matters of admissions and thereafter.

Signature of the Candidate :                                                                                                                                                                                                                                                                                                                                                                         Signature of the Parent :
                                                                                             Date :

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 30" 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.