

SAM COLLEGE OF AYURVEDIC SCIENCES AND HOSPITAL

Gram – Agariya Chopda, Bhopal Road, Raisen (M.P.) Pin: 464551

(Approval by CCIM, New Delhi and affiliated to M.P. Medical Science University, Jabalpur (M.P.)

Recognized by Department of Ayush Govt. of Madhya Pradesh, Bhopal (M.P.)

Phone: 07067220000, Email: adm.samcet@gmail.com, Website :www.sam-ayurveda.com

Students Data Form

Student's Name: _____ Mobile No: _____
Father's Name: _____ Mobile No: _____
Course: B.A.M.S. Branch: B.A.M.S. Session: _____
Date of Birth: _____ Gender: Male/Female Blood group: _____
Cast: _____ Category: Gen/SC/ST/OBC, What's up No.: _____
Permanent Address: _____

Recent
Passport
Size
Photograph

_____ City _____ State _____ Pin Code _____

E-mail ID: _____ Facebook ID: _____

Local Address: _____

_____ City _____ State _____ Pin Code _____

Name of Local Guardian _____ Mobile No. _____

Address of Local Guardian: _____

_____ City _____ State _____ Pin Code _____

Academic Details

S. No.	Standard	Roll No.	Board/ University	Passing Year	Total Marks	Mark Obtained	%
1	10 th						
2	12 th						
3	PAHUNT						

Academic Gap (if any): _____ Reason of Gap _____

Tutor Guardian _____ Hosteller/Local/Day Scholar: _____

Signature of Student

Full Name:

Other Details

Medium of instruction till 12th: Hindi/English

Father's occupation _____ Annual Income _____ Landline No _____

Father's Designation _____ Father's Office No. _____ Mob No: _____

Mother's Name: _____ Mother tongue _____

Name of favourite teacher(s) till 10th or 12th

1. _____ Subject taught _____ Mobile No: _____

2. _____ Subject taught _____ Mobile No: _____

3. _____ Subject taught _____ Mobile No: _____

How do you know about SAM Group: _____

Name and details of siblings

Name	Education/Job	Mobile No.

For Office Use Only

Semester Fees: **Fees Date:** **Receipts No.:**

D.D. No.: **Date:** **Bank Name:**

Branch: **Scholar No.:**

Seat Quota: **Semester:**

Signature of Admission In-Charge

Date:

Full Name: