



JUBILEE AYURVEDA MISSION HOSPITAL & RESEARCH INSTITUTE

Jubilee Mission Hospital Trust – Archdiocese of Trichur
Opp. Police Academy, Cheroor, P.O. Ramavarmapuram, Thrissur 680631
Telephone: 0487 2432502 ,9207655599 e mail ayurveda@jmmc.ac.in

Application Form for Admission 2024 DIPLOMA IN AYURVEDA, PANCHAKARMA & NURSING UNDER B.S.S.

Application No:	Last date of submission of completed application 30.06.2024									
Name of the Applicant (As in SSLC Book)										
Date of Birth	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Place of Birth										
Gender										
Blood Group										
Caste	<table border="1"><tr><td>Religion</td></tr></table>		Religion							
Religion										
Permanent address with Pin Code		Address for Communication with Pin code								

Mobile No. of student	
E Mail ID of student	
Aadhar Number	
Name of Father	
Education Qualification & Occupation	
Mobile Number	
E Mail ID	
Name of Mother	
Educational .Qualification & Occupation	
Mobile Number	
E Mail ID	

Details of 10th & 12th Standard Examination

Std	Name of the Institution studied	Name of the Board	Reg. No	Year
X				
XII				
Others				

Marks Obtained in Plus Two/Qualifying Examination:

Subject	Marks Scored	Maximum Marks	% / Grade
Part I: Main Language English			
Part II: Additional Language :			
Part III: Optional Subjects			
1			
2			
3			
4			
5			
6			
Total			

Note:

- Complete the Application Form in BLOCK CAPITAL LETTERS ONLY in candidates own handwriting & do not leave any column blank
- Please go through the prospectus, before filling the application Form. Visit website regularly for updates.
- Please enclose the Self attested photocopies of all relevant documents as per prospectus along with the completed application, such as SSLC, Plus two, TC and Conduct certificates. Do not attach any original certificates.
- APPLICATION FEE: D/D for Rs.300/- in favour of Director, Jubilee Mission Hospital Payable at Thrissur from any bank shall be enclosed while submitting the application form.
- The application shall reach the office on or before 30.06.2024. Delayed and incomplete applications will be rejected. The application shall be submitted at Admission Officer, Jubilee Mission Hospital, Jubilee Mission P.O., Thrissur 680005

JOINT DECLARATION OF THE APPLICANT & PARENT

We hereby sincerely and solemnly affirm that. We have read and understood the rules and code of conduct of the institution and promise to follow the same. If we contravene any of the rules and regulations we are aware that the student will be liable for disciplinary action that the management of Jubilee Mission Hospital Trust may consider necessary and appropriate.

Moreover, we do hereby declare that all the information furnished above are true and correct to our knowledge and belief, and we will obey the rules and regulations of the institution if admitted and shall submit all certificates and documents in original at the time of admission, failing which my admission will be liable for cancellation. We promise to pay all the fees as prescribed in the prospectus from time to time. We also promise jointly that the applicant will not indulge in any of the act connected with ragging. We are also fully aware that the use of mobile phones is fully banned in the Institution.

We further declare that the admission to the Institution will be subject to the final decision of the management and registration by Bharat Sevak Samaj (BSS)

Date: _____ Name & Signature of Student _____ Name & Signature of Parent _____

FOR OFFICE USE ONLY

Verified certificates on Name & Signature of verifying Officer

Forwarded information for interview on Admission granted /Not granted

If admitted Date of admission & Reg.. No.