

YENEPOYA UNIVERSITY

[Recognised under Section 3 (A) of the UGC Act 1956]

UNIVERSITY ROAD, DERALAKATTE, MANGALORE 575 018

Ph. No: 0824-2204668 Fax: 0824- 2204667

Email: reachus@yenepoya.org

APPLICATIONS ARE INVITED FOR ADMISSION TO 3 YEAR M.SC.(MEDICAL) COURSES DURING THE ACADEMIC YEAR 2016-17 AT YENEPOYA MEDICAL COLLEGE

COURSES:

M.Sc. (Medical Anatomy)
 M.Sc. (Medical Biochemistry)
 M.Sc. (Medical Microbiology)
 M.Sc. (Medical Pharmacology)
 M.Sc. (Medical Physiology)

Eligibility: Graduate in B.Sc with 50% marks in aggregate with one subject of Biological Sciences/BAMS/BHMS/BPT or any other Health Professional Graduate from any recognized University in India

IMPORATANT DATES:

Last date for receipt of applications	:::	31.07.2016
Date of Interview	:::	03.08.2016
Last date for admission	:::	05.08.2016
Commencement of 1 st year classes	:::	02.09.2016
Admission against vacancy seats	:::	30.09.2016

Selection will be made based on the marks obtained in the qualifying examination and performance at the personal interview.

Applications may be downloaded and filled in applications may be sent to the undersigned on or before the last date along with a DD for Rs.500/- (non-refundable) drawn in favour of **Yenepoya University, payable at Mangalore**.

For any further information, the University Office may be contacted either in person or over Phone No. 0824-2204668/69/71 or through E-mail: reachus@yenepoya.org



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APPLICATION FOR ADMISSION TO M.Sc. MEDICAL

Anatomy/Biochemistry/ Microbiology/ Pharmacology/Physiology

COURSES – 2016-17 IN YENEPOYA MEDICAL COLLEGE

(To be filled in by the Applicant in BLOCK letters)

[Incomplete applications will be rejected]

Photo

Course	
Application/Registration fee Rs.500/- pa	iid by DD No
Dated:	Bank
Name of the Applicant	
Father's Name:	Occupation
Mother's Name:	Occupation.
Gender:	Date of Birth
Marital status:	Mother Tongue
Place of Birth:	City
Sate:	
Religion:	Caste:
Category:	GEN OBC SC ST
Nationality	
Citizen Indian / NRI / FOREIGN	
If Indian State of Domicile	

Permanent Address:	Present / correspondence address		
Pin:	Pin:		
Phone No./Mobile	Phone No./Mobile		
E-mail:	E-mail:		

Academic information:-

Examination	Name of the	Name of the	Max.	Marks	% of	Year of
	School/College	Board /	Marks	obtained	marks	passing
	with address	University				
S.S.L.C						
P.U.C						
Graduation						
Any other						

DECLA	RATION BY THE APPLICANT & THE PARENT
1.	
2.	
3.	
4.	
PLACE:	
DATE: .	Signature of the Parent Signature of the Applicant
	UNDERTAKING BY THE CANDIDATE/STUDENT
1	
1.	S/o. / D/o. of Mr./ Mrs./Ms
2.	I have carefully read and fully understood the law prohibiting ragging and the directions of the
	Supreme Court and the Central/State Government in this regard.
	I have received a copy of MCI/UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions 2009.
4.	I hereby Undertake that;
	I will not indulge in any behavior or act that may come under the definition of ragging.
	I will not hurt anyone physically or psychologically or cause any other farm.
	I will not participate in or abet or propagate ragging in any form.
5.	I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the
	provision of the MCI/UGC Regulations mentioned above and / or as per the law in force.
Sig	ned thisday ofyear
	Signature
	Address
Name:	
1.	Witness:
	gnature with name and address)

2. Witness: (Signature with name and address)

UNDERTAKING BY THE PARENT/GUARDIAN

1.	I
	F/o, M/o., G/o
	Have carefully read and fully understood the law prohibiting ragging and the direction
	of the Hon'ble Supreme Court and the Central/State Government in this regard as
	well as the MCI Regulations on Curbing the Menace of Ragging in Higher Educational
	Institutions, 2009.
2.	I assure you that my son / daughter / ward will not indulge in any act of ragging.
3.	I hereby agree that if he/she is found guilty of any aspect of ragging he / she may be punished as
	per the provisions of the MCI Regulations mentioned above and or as per the law in force.
Signed	I this month ofyear.
	Signature
	Address
1.	Witness:
	(Signature with name and address)
2.	Witness:
	(Signature with name and address)

A. Please attach to the application photo copies of the following documents

- 1. SSLC pass certificate for date of birth
- 2. Marks cards of the qualifying degree Examination
- 3. Degree Certificate/Provisional Degree Certificate issued by the University
- 4. Registration Certificate issued by the statutory council (If applicable)
- 5. Payment by DD towards prescribed application fee.

B. At the time of personal interview/selection: All the above documents are to be produced in original for verification.

C. Documents to be produced in original on confirmation of admission:

- 1. SSLC pass certificate for date of birth
- 2. Marks cards of the qualifying degree Examination
- 3. Degree Certificate/Provisional Degree Certificate issued by the University
- 4. Registration Certificate issued by the statutory council (If applicable)
- 5. Transfer and Conduct Certificate issued from the institution last attended
- 6. Migration Certificate issued by the University.
- 7. Medical Fitness Certificate
- 8. Photographs 3 stamp size 3 passport size
- 9. Payment of the prescribed 1st year course fee has to be made by DD

In case of NRIs/Foreign Nationals the following additional documents are to be produced.

- 1. Copy of Passport
- 2. Student Visa