



# YENEPOYA UNIVERSITY

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

UNIVERSITY ROAD, DERALAKATTE, MANGALURU - 575 018

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www.yenepoya.edu.in yupget@yenepoya.edu.in

Recent  
Passport Size  
Photograph  
to be affixed here

## APPLICATION FOR YU PGET - 2016

(To be filled in by the Applicant in BLOCK letters. Incomplete applications will be rejected)

Application No.: **YUPGET**  (For office use)

Preferred Entrance Test Centre\*  Mangaluru  Bengaluru  Kochi  Delhi  
 Hyderabad

Course selected  **MS/MD**  **MDS**

Full Name : \_\_\_\_\_

Gender : \_\_\_\_\_ Blood group : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Place of birth : \_\_\_\_\_

Father's name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Religion : \_\_\_\_\_ Caste : \_\_\_\_\_ (Specify Category - SC/ST/OBC/GM)

State of Domicile : \_\_\_\_\_ Mother Tongue : \_\_\_\_\_

Marital Status : \_\_\_\_\_ Name of Spouse : \_\_\_\_\_

E-mail ID \*\* : \_\_\_\_\_

Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_

Phone : \_\_\_\_\_ Mobile Phone \*\* : \_\_\_\_\_

Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_

Phone : \_\_\_\_\_ Mobile Phone \*\* : \_\_\_\_\_

\* Change of Centre, once allotted, will not be permitted. Yenepoya University reserves the right to allot the centre based on availability.

\*\* Any future communication regarding the application process will be communicated only through E-mail address/mobile number specified by the candidate in the application.

## ACADEMIC DETAILS

Year MBBS / BDS	Maximum Marks	Marks Secured	Percentage	No. of Attempts
I				
II				
III				
IV				
Details of Internship		From :	To :	

\* if not completed, please obtain undertaking from Dean as per format available online @ <http://www.yenepoya.edu.in/admissions.html>

Name & Address of the Institution last studied at : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Whether recognised by MCI / DCI \_\_\_\_\_ State Council Registration No. \_\_\_\_\_

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## APPLICATION FEE DETAILS :

Application Registration fee ₹ \_\_\_\_\_ paid by Demand Draft No. \_\_\_\_\_

in favour of **YENEPOYA UNIVERSITY** payable at **MANGALURU**, Dated \_\_\_\_\_ Drawn on Bank \_\_\_\_\_

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## DECLARATION by CANDIDATE :

The above statements made by me are true, to the best of my knowledge and belief.

Place : \_\_\_\_\_ Date : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Left hand horizontal thumb impression  
( 2 specimens)**

**Candidate's Signature (2 specimens)**





# CERTIFICATE

This is to certify that

Mr. / Mrs. \_\_\_\_\_

S/o / D/o \_\_\_\_\_

is currently undergoing his / her MBBS / BDS Degree Course at our institution and

is expected to complete his / her INTERNSHIP on or before the 30<sup>th</sup> of April, 2016.

Signature with Seal  
of the Principal of the College