# Sree Ram Ayurvedic Medical College & Hospital
## Bye-Pass Road, Partapur, Meerut

## Registration Form

1. Full Name ...........................................................................................................

2. Date of Birth ......................Category ..................Male/Female ...........................

3. Father's/Guardian's Name .....................................................................................

4. Mailing Address...................................................................................................
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5. Permanent Address...............................................................................................
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6. Mobile No. ..............................................E-mail..............................................

7. Profession /Business of Father/Guardian/Husband's .................................................

8. Organization's Name & Address...............................................................................

9. Nationality.......................................Are you NRI ? Yes/No....................................

10. Do You Require Hostel Accommodation? Yes No.......................................................

11. Course /Programme opted......................................Branch......................................

12. Academic Qualification[High School Onwards]

| Examination | Year of Passing | Board/University | Name of College/Institutions | Marks Secured/Percentage | Subjects |
|---|---|---|---|---|---|
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## Office use only

Course/Programme.........................................

Tuition Fee.........................................

Hostel Fee.........................................

Library Fee.........................................

Security Fee.........................................

Other.........................................

Total Fee.........................................

Signature of Student.........................................

Signature of Parents/Guardian.....................

## Student Slip

Date.................Course.....................Branch.................................................

Reg no.......................Advance Payment.................................................

Signature