AMRITA VISHWA VIDYAPEETHAM

AMRITA SCHOOL OF MEDICINE

PERSONAL DATA

MBBS 2026

Paste one recent pass-port size face close up col-our photo

*Roll Number:															
*MRD Number:															
AADHAR Number :															

**Roll Number & MRD Number – Office purpose only*

FILL IN BLOCK LETTERS

All the columns should be properly filled in. Nothing should be left blank

Name of the student ((in block letters)					
Expansion of Initials					
Male / Female		**Blood group**			
Mother tongue		**Nationality**			
Date of Birth (DD/MM/YY)		**Place of birth**			
Religion		**Caste**		**SC/ST/OBC/ General**	
Language in which you need Mathruvani (Magazine)					
Permanent address (with State and Pin code)	**Address for Communication (with State and Pin code)**	**Address in which Mathruvani* has to be sent (with State and Pin code)**			
Student's mobile no.		**Father's / Mother's mobile no.**			
Father's / Mother's Email ID		**Student's Email ID**			

Marks in HSE/Senior Secondary/ Equivalent or Grade	**Aggregate**		**Percentage**			
	Physics Out of 100	**Chemistry Out of 100**	**Biology Out of 100**	**English out of 100**	**Percentage**	
					PCB	**English**

**AMMA's spiritual magazine*

	Father	Mother	Local Guardian
Name			
Occupation			
Annual Income			NA
Name and address of the organization where currently employed			
Office telephone No. with STD Code			
Residence telephone No. with STD Code			
Mobile No.			
Fax No			
Email Id			

Affix a photo of Father

Affix a photo of Mother

Affix a photo of local guardian

Joint Declaration by the Parent & Student

I, …….. am fully aware of the financial obligations arising from the admission of my son / daughter/Ward, …… to the Amrita School of Medicine, Faridabad, under Amrita Vishwa Vidyapeetham. We (myself and my ward) are aware and agree that:

1. We accept all the terms and conditions applicable for admission to Amrita Vishwa Vidyapeetham.

2. If any of the information furnished in this document by me or my ward is found to be incorrect, admission shall be liable to cancellation.

3. Hostel fee and 'other fee' now being paid by us are as per the prevailing rates. As specified on the Amrita School of Medicine, Faridabad website, if any revision takes place, I agree to pay the revised fee within the stipulated time.

4. I, _____the parent and _____the student hereby agree and undertake that the student will complete the Compulsory Rotatory Residential Internship at Amrita Hospital, Faridabad, itself.

5. We understand that staying in the hostel is compulsory.

6. We know that this Institution is an extension of Mata Amritanandamayi Math". Rules, regulations and the requirements of discipline as envisaged by the Math will have to be strictly adhered to. If the Principal found that the student has committed a breach of any of these requirements, he may at his discretion take appropriate action including rustication.

7. We have read the relevant instructions/regulations relating to ragging, including the penalties prescribed under the 'Rules and Regulations'. We understand and agree that, if the student is found to have actively or passively participated in or been involved in any act of ragging, the Principal, Amrita School of Medicine, Faridabad, shall have the right to take appropriate action against the student, and the decision of the principal will be final and binding on us.

8.We agree that we will be responsible for any/all actions of the local guardian in relation to the student.

`

Signature of Student: **Signature of Father / Mother:**

Date: **Date:**

I agree to be the local guardian of the student Kum. /Shri. ----------

Signature of Local Guardian:

Date: