



Raigarh Medical College and Hospital of Ayurveda

R.M.C.H.A. NEAR DPS CAMPUS, JAMGAON ROAD, RAIGARH(C.G.)-496001
PHONE NO.- 92441-21177, WEBSITE:- RMCHA.IN

BAMS ADMISSION FORM SESSION 2024-25

Full Name :

Father's Name :

Mother's Name :

Aadhar No. :

Date of Birth :

Student Sign

Full Address :

:

:

City :

State :

Category :

Gender :

Father's Phone No. :

Student's :

Email :

NEET Roll No. :

AIR :

NEET Marks :

State Rank :

Round Allotted :

12th Board :

Percentage :

12th School Name :

12th Passing Year :



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Document Check List:

1. NEET MARKSHEET _____
2. NEET ADMIT SHEET _____
3. NEET ALLOTMENT LETTER _____
4. 10th MARKSHEET _____
5. 12th MARKSHEET _____
6. TRANSFER CERTIFICATE _____
7. MIGRATION CERTIFICATE _____
8. CHARACTER CERTIFICATE _____
9. CASTE CERTIFICATE _____
10. DOMICILE CERTIFICATE _____
11. GAP CERTIFICATE _____
12. AADHAR CARD PHOTOCOPY _____
13. AFFIDAVIT COURSE COMPLETION _____
14. AFFIDAVIT RAGGING _____
15. AFFIDAVIT RULES/ATTENDANCE _____
16. AFFIDAVIT CORRECT DOCUMENTS _____
17. MEDICAL CERTIFICATE _____
18. DD/RTGS DETAILS _____
19. OTHERS.....

Declaration by Parents and Student :

We hereby declare that the above said information is true and if any discrepancies is found college has the right to reject the application and admission.

Date :

Signature of the applicant

Signature of the Parent
