SRI JAYADEVA INSTITUTE OF CARDIOVASCULAR SCIENCES & RESEARCH

(Government of Karnataka-Reg. Autonomous Institute)
Jayanagar 9th Block, Bannerghatta Road
Bengaluru- 560069.

Phone No: 080 – 22977261
Website: www.jayadevacardiology.com

AFFILIATED TO RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE, KARNATAKA

Affix recent Passport Size Photograph and Sign across photo Below neck level

Admission to B.Sc Allied Health Science Courses 2026-27.

1. B.Sc (Medical Laboratory Technology) REGULAR / LATERAL ENTRY
2. B.Sc (Cardiac Care Technology)
3. B.Sc (Perfusion Technology)
4. B.Sc (Anesthesia technology & Operation Theater Technology) REGULAR / LATERAL ENTRY
5. B.Sc (Respiratory Care Technology)
6. B.Sc (Medical Imaging Technology) REGULAR / LATERAL ENTRY
7. M.Sc Medical Laboratory Technology

(Application to be filled by the applicant in his/her own handwriting and all columns should be filled).

1. Name of the Applicant:
(IN BLOCK LETTERS)

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2. Date of Birth and Age:
(Enclose attested copy of SSLC Marks Card/TC/ Extract from the Cumulative Record Showing Date of Birth)

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3. Father / Guardian's Name:
(With address and occupation)

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4. Address of the applicant:
a. Present address:

b. Permanent address:

Student Whats-app Mobile No:

Email:

Parent's Mobile:

Student Aadhar No:

Student Voter ID :

Father Aadhar No: **Name:**

Mother Aadhar No: **Name:**

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5. Gender: Male: ☐ **Female:** ☐ **5a. Blood Group:** ☐

5b. Marital Status: Single: ☐ **Married:** ☐

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6. Place of Birth with Native District and State:

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7. Are you a citizen of India by Birth? If not what is your nationality?

8a. Do you belong to SC/ST, Cat-I, Cat-IIA, IIB, IIIA, IIIB and GM: **Caste Name:**
(Enclose attested copy of caste certificate)

8b. Do you belong to HK Region: [Enclose attested copy of Eligibility Certificate- 371(J)]

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9. Qualifications:

(Enclose attested copies)

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10. CET Rank

10. Particulars of all examinations: Eg :- SSLC, PUC or Equivalent examination passed

Sl. No	Name of the Course	Name of the School/ College & University	Register No. & Year of Passing	Optional Subject offered at qualifying exam	Percentage of marks obtained
1.	S.S.L.C				
2.	P.U.C.				
3.	KEA CET	**Actual Category**	**Allotted Category**	**AHS Ranking No.**	

(If passed in more examinations please attach a separate sheet to mention details and enclosed attested photocopies of the same)

11. Details of Challan No._____ Amt (Rs.)_____

Bank_____ dt. _____.
(KEA Processing Fees)

12. Details of DD No_____, RB_____ Amt Rs._____

Bank_____dt._____.
(1st Year Admission Fees)

13. List of Documents to be enclosed: Mandatory

a. SSLC Marks Card
b. PUC or Equivalent Exam marks card
c. Address Proof
e. Caste & income certificate
f. Transfer Certificate
g. Eligibility Certificate from RGUHS
h. Migration Certificate (Non Karnataka students)
i. Character & Conduct Certificate
j. HK Region Certificate (371J)
k. Father & Mother Aadhar Cards copies
l. Student Voter ID

Date:

Place: SIGNATURE OF THE APPLICANT

DECLARATION BY THE APPLICANT

1. I agree to undergo the course on a full time basis and shall not engage myself in any kind of other activities during the period of the course.
2. I hereby declare that I shall abide by the rules and regulations of the institute that are framed from time to time.
3. On discontinuation I will obey the Institute's rule to pay rest of the Academic year admission fees towards my vacant seat.
4. I hereby declare that information given in this application is true and correct to the best of my knowledge and belief. In case of any information given by me in this application proves to be false or incorrect, I shall forfeit my selection and also face all the legal consequences.

Date:

Place: SIGNATURE OF THE APPLICANT

DECLARATION BY THE PARENT/GUARDIAN OF THE APPLICANT

I hereby declare that, I am responsible for the timely payment of all fees & dues payable to Sri Jayadeva Institute of Cardiovascular Sciences & Research, Bengaluru in respect of my son/ daughter ..... during the period of his/her study at the institute and thereafter until the accounts are cleared. I also declare that the information given above is true and correct.

Date:

Place: SIGNATURE OF THE PARENT/GUARDIAN