



SHRI ATAL BIHARI VAJPAYEE INSTITUTE OF ALLIED HEALTH SCIENCES



VENUE FOR ADMISSION

**FIRST FLOOR
SHRI ATAL BIHARI VAJPAYEE MEDICAL
COLLEGE AND RESEARCH INSTITUTE
BENGALURU**



ADMISSION TIMINGS

10:00 AM TO 4:00 PM



**ADMISSION FEE FOR
FIRST YEAR BSc ALLIED
HEALTH SCIENCES AND
LATERAL ENTRY TO
SECOND YEAR BSc
ALLIED HEALTH
SCIENCES**

Rs 17,970/-

(+Late Fee Rs 500/-)



INSTRUCTIONS FOR ADMISSION

- Timings should be followed strictly
- Get all the original certificates as per the checklist
- Get Eligibility Certificate issued by the RGUHS
- Student should be accompanied by the parent
- Government fee to be paid at the time of admission



PRE- REQUISITES

1

- Forms to be filled in CAPITAL LETTERS & Signed

2

- 1 set of photocopy of documents and 3 passport size photographs to be submitted. All Original documents should be arranged in sequential order.

3

- All originals in PDF format and a softcopy (jpeg) of passport size photograph less than 45kb to be submitted in a pen drive

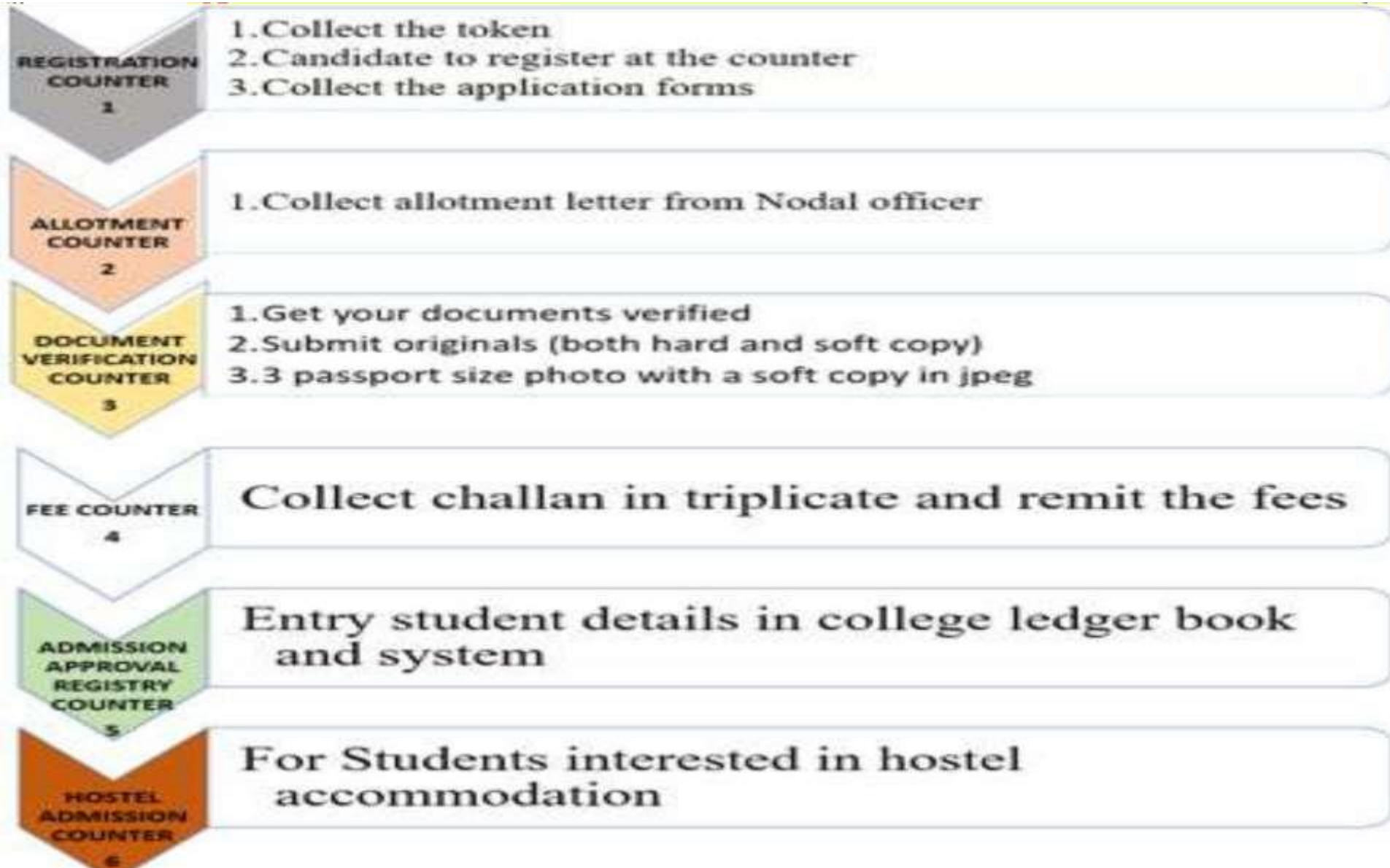


ADMISSION PROCESS

- 1) Registration
- 2) Check list
- 3) Verification and submission of documents
- 4) Fee payment
- 5) Admission
- 6) Declaration



ADMISSION PROCESS FLOW





SEQUENCE OF EVENTS

STEP 1

**REGISTRATION
COUNTER**

- 1. Candidate to register at the counter**
- 2. Collect the token & forms**



SEQUENCE OF EVENTS

STEP 2

DOCUMENT VERIFICATION COUNTER

1. Verification of documents
2. Original documents to be submitted to Verification Officer
3. One Set of Photocopy of documents & 3 Passport size Photographs to be submitted
4. All original documents in PDF format & Softcopy of passport size photograph (jpeg, less than 45kb) should be submitted in a pen drive



SEQUENCE OF EVENTS

STEP 3

**FEE
COUNTER**

- 1. Collect challan in triplicate**
- 2. Remit the fee at the Fee Counter**
- 3. Collect “Candidate Copy” and “Office Copy” of the challan.**



SEQUENCE OF EVENTS

STEP 4

ADMISSION
APPROVAL
REGISTRY
COUNTER

1. Submit Fee Challan copy
2. Upload Candidate details online & register entry with the help of Data Entry Operator
3. Collect Acknowledgement
4. Return the token



SEQUENCE OF EVENTS HOSTEL ADMISSION

STEP 5

**HOSTEL
SECTION**

- 1. Collect the hostel Form**
- 2. Remit the fee at the Fee Counter**
- 3. Submit the filled Application Form & Challan Photocopy**
- 4. Collect the Acknowledgement**



CHECK LIST



Government of Karnataka



SHRI ATAL BIHARI VAJPAYEE INSTITUTE OF ALLIED HEALTH SCIENCES
DOCUMENTS REQUIRED DURING ADMISSION FOR ALLIED HEALTH SCIENCES

Student Name:

Batch: 2021-22

Course:

Sl No	DOCUMENTS	SUBMITTED	NOT SUBMITTED	REMARKS
1	Rank & Allotment letter			
2	Online Eligibility Certificate issued by RGUHS			
3	Original SSLC Marks Card			
4	Original <u>PLC</u> Marks Card			
5	Original Transfer Certificate			
6	Original Caste and Income Certificate of the candidate			
7	If candidates belongs to the HK reservation, <u>HK(37 1A)</u> Original Certificate.			
8	If candidates belongs to PWD reservation, <u>Original PWD</u> Certificate			
9	If candidates from other state, Original Migration Certificate.			
10	Original 7 Years study certificate for Government quota candidates, (Attested by BEO)			
11	Student Aadhar card Xerox.			
12	Student PAN Card Xerox.			
13	Soft copy of original documents and passport size photograph (<45Kb)			
14	Original Documents Xerox 1 set			
15	3 Passport size photos.			

Student Name:

Signature:

Date:




ELIGIBILITY CERTIFICATE ISSUED BY RGUHS


<http://rguhs.karnataka.gov.in/rguhsec>

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Address bar: rguhs.karnataka.gov.in/rguhsec/



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Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block, Jayanagara, Bengaluru - 560 041, India



Eligibility Certificate

Registered Sign In User Manual

Candidate Marks Details

Course Type *	<input type="checkbox"/> UG
Student Type *	--Select--
PUC/10+2 Roll Number /Registration Number *	<input type="text"/>
Faculty *	--Select--
Course *	<input type="text"/>
Select State *	<input type="text"/>
Name of the PUC/10+2 Board / QE *	<input type="text"/>
Category *	<input type="text"/>
PUC/ Marks /Time *	<input type="text"/>

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DECLARATION FORM

Government of Karnataka

SRI ATAL BIHARI VAJPAYEE INSTITUTE OF ALLIED HEALTH SCIENCES

www.sriahs.ac.in

STUDENT REGISTRATION DETAILS FOR THE ACADEMIC YEAR 2021-22

COURSE: B.Sc. Designate your photo

Date of Admission: / /

NAME OF THE STUDENT <small>(Full name without surname) (As per Birth Certificate)</small>			
DATE OF BIRTH <small>(dd/mm/yyyy)</small>			
RELIGION			
FATHER'S NAME			
MOTHER'S NAME			
BASE ID	DOB ID		
TELEPHONE	ADDRESS ID		
RESIDENCE	CITY/ DISTRICT		
CANCESS/ COURSES	CANCESS/ ALLOTTED		
LOCAL/ WARDHIP/ STATE & DISTRICT COURSES	CONSOLE NUMBER ID		
PREVIOUS COURSES			
HOME/ RESIDENCE ADDRESS			
EMAIL ID		NEW MAIL ADDRESS (if available/ otherwise)	
BANK/ ACCOUNT DETAILS		BRANCH NAME	
ACCOUNT NO.	IFSC CODE	BRANCH	BOARD
UNIVERSITY/ EDUCATION	REG ID	MONTH	YEAR OF PUBLISH

1

I, _____ S/o/ D/o _____
 have joined 1st Year B.Sc.
 Course at Sri Atal Bihari Vajpayee Institute of Allied Health Sciences, Bangalore at my own risk.

I agree that I will submit the Migration Certificate/ Transfer Certificate from the previous institution, which I have drafted within one month from the date of my admission.

Further, I have also used the seat under reservation category _____
 and I will be submitting the Caste and Income Certificate within one month from the date of _____
 admission.

Place: Bangalore

Date: _____

Signature of Candidate Signature of Parent/Guardian

2



ADMISSION COMMITTEE FOR ALLIED HEALTH SCIENCES

Sl No	Committee Member	Designation
1	Nodal Officer	Dr Raj Mohammed
2	Verification officer	Mrs. Sreelakshmi N
3	Registration	Mrs Indira
6	Case Worker	Mr Prashanth
7	Data Entry Operator	Mrs Chaitra

“Thank You”

