



**SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH**  
**(A Deemed to be University declared under Section 3 of UGC Act 1956)**

**Comprising Sri Devaraj Urs Medical College**  
**[Constituent unit of Sri Devaraj Urs Educational Trust for Backward Classes (Regd.)]**  
**TAMAKA, KOLAR-563 103, KARNATAKA, INDIA**

Ph: 918152-243003, +91 9448395232, Fax : +918152 - 243008 E-mail – [admission.gahbs@sduu.ac.in](mailto:admission.gahbs@sduu.ac.in) / [office@sduu.ac.in](mailto:office@sduu.ac.in). Website: [www.sduu.ac.in](http://www.sduu.ac.in)

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No. SDUAHER /KLR/ADMN/757 /2022-23

Date: 22-06-2022

**1. NOTIFICATION**

Applications are invited from eligible candidates in prescribed format for the following programs for the Academic Year 2022-23.

**Medium of Instructions - English**

| Sl. No. | Type of the Program | Program Name  | Eligibility   | Seat Matrix | Annual Tuition Fee |
|---------|---------------------|---|---|-------------|--------------------|
|         | Master of Science   | M.Sc. Molecular Biology and Human Genetics.   | B.Sc. in any branch of biological sciences, B.Sc. in Medical Laboratory Technology, MBBS, BDS, BAMS, BHMS, any other equivalent qualification | 06          | INR 60,000/-       |
|         |                     | M.Sc. Medical Laboratory Technology<br>Specialization :<br>(a) Clinical Biochemistry<br>(b) Clinical microbiology and Immunology<br>(c) Clinical Hematology and blood transfusion   | B.Sc. in Medical Laboratory Technology from recognized institution on regular basis   | 06          | INR 60,000/-       |
|         |                     | Master of Optometry (M.Optom)   | B. Optometry / B.Sc. Ophthalmic technology /B.Sc. Ophthalmic Technology and Optometry from recognized institution on regular basis            | 05          | INR 60,000/-       |
|         |                     | M.Sc. Yoga  | Any recognized University Degree of 3year duration on regular basis   | 06          | INR 60,000/-       |
|         |                     | Master of Physiotherapy (MPT)<br>Specialization :<br>(a) Musculoskeletal & Sports Physiotherapy<br>(b) Neuro Physiotherapy<br>(c) Cardio Respiratory Physiotherapy<br>(d) Pediatrics Physiotherapy<br>(e) Physiotherapy in Community rehab. | Bachelor of Physiotherapy (BPT) from recognized institution on full time basis  | 10          | INR 1,00,000/-     |



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**3. TENTATIVE CALENDAR OF EVENTS**

|  |          |                   |
|--|----------|-------------------|
| <b>Issue of application forms</b>                        | <b>:</b> | <b>01-07-2022</b> |
| <b>Last date for receipt of filled application forms</b> | <b>:</b> | <b>30-08-2022</b> |
| <b>Date of Entrance Examination</b>                      | <b>:</b> | <b>09-09-2022</b> |
| <b>Date of announcement of Result</b>                    | <b>:</b> | <b>12-09-2022</b> |
| <b>Commencement of Admission</b>                         | <b>:</b> | <b>14-09-2022</b> |
| <b>Commencement of the Program</b>                       | <b>:</b> | <b>01-10-2022</b> |

**Note: Calendar of events is subjected to change on the basis of announcement of the UG results.**



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**4. APPLICATION FOR ADMISSION**

**To Masters Programs**  
**Academic Year 2022-23**

PHOTO

**Name of the Program** \_\_\_\_\_

|    |   |  |
|----|---|--|
| 1  | Name of the Candidate<br>(in Block letters)   |  |
| 2  | Father's Name   |  |
| 3  | Mother's Name   |  |
| 4  | Aadhar Card Number  |  |
| 5  | Gender  |  |
| 6  | Category General/SC/ST/OBC/<br>(Specify and enclose certificate)  |  |
| 7  | Whether Differentially abled or not   |  |
| 8  | Nationality   |  |
| 9  | Date of Birth<br>(As mentioned in 10th Standard certificate)  |  |
| 10 | Address for communication:<br>House Name / Number<br>Street<br>Home Town / Village<br>Taluk<br>District<br>State<br>Country |  |
| 11 | Contact Details.<br>Phone No Residence:<br>Mobile No :<br>Email ID :  |  |
| 12 | Occupation of Parent / Guardian with annual income.   |  |



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| 13 | Academic qualification: Graduate or equivalent Marks obtained in:   | Subjects | Maximum Marks | Marks Obtained |
|----|---|----------|---------------|----------------|
|    | Subjects  |          |               |                |
|    |   |          |               |                |
|    |   |          |               |                |
|    |   |          |               |                |
|    |   |          |               |                |
|    |   |          |               |                |
|    |   |          |               |                |
|    | Total   |          |               |                |
|    | Aggregate Percentage  |          |               |                |
| 14 | Name of Institution attended at Graduate level  |          |               |                |
| 15 | The following Certificates to be enclosed:<br><br>a) SSLC Marks Card<br>b) PUC Marks Card<br>c) Graduate Marks card<br>d) Transfer Certificate<br>e) Migration Certificate<br>f) Caste / Income Certificate<br>g) Date of Birth Certificate<br>h) Passport & Stamp Size Photos<br>(4 + 4=8) |          |               |                |
| 16 | Extra-Curricular activities<br>(Separate sheet to be enclosed, if needed be)  |          |               |                |
| 17 | Fee Paid details.   |          |               |                |
| 18 | Any relevant information attach separate sheet.   |          |               |                |



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**5. DECLARATION BY THE CANDIDATE**

I wish to apply for admission to Post graduate degree \_\_\_\_\_  
under Faculty of Allied Health and Basic Sciences, Sri Devaraj Urs Academy of Higher Education  
and Research, Tamaka, Kolar and declare that I have filled this form myself and to the best of my  
knowledge and belief, the particulars are true.

I have gone through the instructions for admission carefully and undertake to abide by all  
the conditions. I further agree, if admitted I will conform to the rules and regulations at present in  
force or that may hereafter be made by The Academy. I undertake that so long as I am student of  
The Academy, I will do nothing unworthy of a student of The Academy either inside or outside. I  
will not engineer or participate or do anything that will interfere with orderly working and  
discipline. I am aware that The Academy has full authority to expel me for indiscipline,  
misbehavior and any such activities, which are detrimental to the fair name of The Academy.

**In case of my withdrawal from the course of study I will pay the remaining  
years / period tuition fee and other fees stipulated for the course.**

I will strictly abide by the rules of The Academy.

Place:

Date:

\_\_\_\_\_  
Signature of the Candidate

\_\_\_\_\_  
Signature of the Parent/ Guardian



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**6. DECLARATION OF THE PARENT / GUARDIAN**

I hereby declare that I know the financial obligation and I can afford to pay the costs and undertake to pay the tuition and other fees of my ward Sri / Kumari \_\_\_\_\_ payable to The Academy under rules framed from time to time by The Academy. I also declare that I will not question the disciplinary action taken against my ward for any indiscipline or such actions which are against the interest of The Academy. My ward will adhere to all the rules prescribed by The Academy. **In case of my son/daughter withdrawal from the course of study I will pay the remaining years / period tuition fee and other fees stipulated for the course.**

Place:

Date:

The applicant ..... has been given provisional admission to .....

Class, for the academic year .....

His / her statement of marks and other documents relating to Income & Caste are verified and found correct.

Fee collected vide Receipt no..... Dated .....

Registration No.....

Cashier / Clerk

Chief Account

Manager (Academic)

Date:

Registrar

Sri Devaraj Urs Academy of Higher Education & Research



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**7. ENCLOSURES**

1. SSLC / Equivalent Marks Card
2. Pass Certificates of 10 + 2 Examination
3. Graduate degree marks card of all semesters
4. Graduate degree certificate
5. Conduct / Character certificate issued by the college last studied
6. Date of birth certificate if not mentioned in the SSLC / Equivalent examination marks card.
7. Transfer Certificate
8. Migration Certificate
9. Caste / Income Certificate issued by the competent authority
10. Four Passport Size and Four Stamp size color photos, of which one is to be affixed to the Application form in the space provided.
11. Application fee of Rs.1,000/- should be transferred digitally using the QR scan code  
Digital transfer given below







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**8. INSTRUCTIONS TO THE CANDIDATES**

**The candidates desirous to seek admission for program under Faculty of Allied Health and Basic Sciences are required to follow the instructions given below:**

1. Take a neat print out of the Application from the website [www.sduaher.ac.in](http://www.sduaher.ac.in)
2. Fill up all the fields indicated in the application form compulsorily
3. Choice of course should be indicated clearly in the space provided
4. Affix your photograph in the space provided
5. Application fee should be transferred digitally using scan code **on or before 30.08.2022 by 4.30 PM**
6. Duly filled application Form with supportive documents can also submit in person to the office of the Registrar
7. A4 size envelope should be used to send the application form.
8. Mention on the envelope as “ **Application for admission to programs under Faculty of Allied Health and Basic Sciences**”
9. **Application should have candidate and parent signature compulsorily.**
10. Incomplete applications will be rejected and the decision in this regard by the University shall be binding and final.