

## MUNIYAL INSTITUTE OF AYURVEDA MEDICAL **SCIENCES**

A unit of: Dr. U. Krishna Muniyal Memorial Trust (R)

34C, Shivally Ind. Area, MANIPAL - 576 104, Karnataka.

Phone: 0820-2572819, 2575025

E-mail: ayurved@yahoo.com www.ayurvedas.com

## **APPLICATION FORM**

For admission to

## AYURVEDA VACHASPATI [MD (Ay)] / AYURVEDA DHANVANTARI [MS(Ay)] - 2013

(Postgraduation Course of Three Years Duration)

Last date to reach the completed form to the office of the

Principal, Muniyal Institute of Ayurveda Medical Sciences, Manipal: 15 <sup>th</sup> October, 2013						
	(For Office Use Only)					
Pro	Provisionally admitted/Not admitted Date of Receipt:					
Rea	asons		Diary No. / Receipt No.:			
	(To be fille	ed in by the candidate in	his/her own handwriting)			
1.	Details of Demand draft enclosed of	Rs.				
	DD No	Date	Amount	Paste self signed recent passport		
	Bank Name	Issuing Branch	Payable at	size photograph		
2.	Name of the Candidate (IN BLOCK LETTE	ERS)	<del></del> -			
3.	Father's Name					
4.	Mother's Name					
5.	Date of birth: DayN					
6.	Nationality	7. Religion_				
8.	Caste-Group to which the Applicant I	pelongs: SC ST ST	] A [] B [] C [] D [] E [] C	OTHERS _		
9.	State  10. Sex: Male  Female					
11.	Address for Communication					
			City			
District State		ate	Pin			
Telephone No. with STD Code /Mobile						
12.	Permanent Address					
Dis	trict Sta	nte	Pin			
Tel	ephone No. with STD Code /Mobile		E-mail			

13.	<b>Details</b>	of the	<b>Examinations</b>	<b>Passed</b>
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Name of the Examination	University/ Board	Year	Marks obtained /Maximum marks	% of Marks	No. of attempts
High School/ or equivalent					
II PUC or equivalent of 10 +2 level					
BAMS-1 <sup>st</sup> Prof.					
BAMS-2 <sup>nd</sup> Prof.					
BAMS-3 <sup>rd</sup> Prof.					
Grand Total of all the Professional BAMS Examinations					
Any other examination					

BAMS-3 <sup>rd</sup> Prof.					
Grand Total of all the P	rofessional BA	MS Examinations			
Any other examination					
14. Sanskrit as a subje	ect passed at t	the level of			
i) Intermediate (10+2) Yes/No ii) BAMS Ye			Yes/No	iii) Other Yes	/No
15. Details of internsh	ip and other e	experiences as on or bo	efore 31 <sup>st</sup> Ju	uly, 2013:	
Nature of Job	Name	Name of Hospital / Institution		Duration	
				From	То
Internship					
Others					
16. Permanent/Tempo 17. Details of present of			Date: .	State:	
Name and full address of Employer		Post Held		Date of Joining Date of Confirmation	

18. True Copy of Certificates to be attached at the time of Registration

(Tick if attached. Original Certificates to be produced at the time of interview)

- 1. S.S.L.C. Marks Card
- **BAMS Marks Card of all Phases/Years**
- 3. **Degree Certificate**
- 4. **Compulsory Rotatory Internship completion certificate**
- **Council Registration Certificate**
- Eligibility certificate (for those who have completed BAMS from Universities other than RGUHS) 6.
- 7. Two passport sized photographs

## **DECLARATION**

I declare that I have read the information brochure and the application form and that all the information furnished above by me are true. I declare that I fulfill the minimum eligibility required to appear at the entrance test. I have neither completed nor continuing Ayurveda Vachaspati [MD (Ay)]/Ayurveda Dhanwantari [MS (Ay)] course from anywhere. In case any information furnished above by me is found wrong at any time, my candidature for the examination/ selection to the course may be cancelled outright and I may be debarred permanently from the test and disciplinary action may be taken against me. I declare that I am an Indian National, have not taken part in any activity subversive of law and have not been debarred by the University / Institution for seeking admission or appearing in the test/ examinations.

Date	
Place	Signature of the candidate