

# MUNIYAL INSTITUTE OF AYURVEDA MEDICAL **SCIENCES**

A unit of: **Dr. U. Krishna Muniyal Memorial Trust (R)** 34C, Shivally Ind. Area, MANIPAL - 576 104, Karnataka.

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

## **APPLICATION FORM**

For admission to

### AYURVEDA VACHASPATI [MD (Ay)] / AYURVEDA DHANVANTARI [MS(Ay)] - 2014

(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, 2014						
		(For Office U	se Only)			
Provisionally admitted/Not admitted Date of Receipt:						
Rea	sons		Diary No. / Receipt No.:			
	(Тс	be filled in by the candidate i	n his/her own handwriting)			
1.	Details of Demand draft enclo	sed 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 BLO	CK LETTERS)				
3.	Father's Name					
4.	Mother's Name					
5.	Date of birth: Day	Month Year				
6.	Nationality	7. Religion				
8.	Caste-Group to which the App	licant belongs: SC ST[	A B C D E 0	OTHERS		
9.	State 10. Sex: Male Female					
11.	Address for Communication _					
			City			
Dis	trict	State	Pin			
Tele	ephone No. with STD Code /Mob	pile	E-mail			
12.	Permanent Address					
			City			
Dist	rict	State	Pin			
Tele	ephone No. with STD Code /Mob	oile	E-mail			

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 B	AMS Examinations				
Any other examination					

BAMS-3 <sup>rd</sup> Prof.						
Grand Total of all the Pro	fessional BAMS	S Examinations				
Any other examination						
<ul><li>14. Sanskrit as a subject</li><li>i) Intermediate (10+</li><li>15. Details of internship</li></ul>	<b>-2</b> ) Yes/No	ii) BAMS			es/No	
Nature of Job	-	of Hospital / Instituti	1	,,,	Duration	
				From		То
Internship						
Others						
16. Permanent/Tempora			Date:	State	e:	•••••••••••••••••••••••••••••••••••••••
Name and full address of Employer		Post Held	Da	ate of Joining	Date of Confirmation	
19 True Conv of Certifica	tes to be attacl	had at the time of De	gistration			

#### 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
- 2. BAMS Marks Card of all Phases/Years
- 3. Degree Certificate
- 4. Compulsory Rotatory Internship completion certificate
- 5. Council Registration Certificate
- 6. Eligibility certificate (for those who have completed BAMS from Universities other than RGUHS)
- 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