



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)] - 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: 15th October, 2014**

(For Office Use Only)

Provisionally admitted/Not admitted

Date of Receipt:

Reasons

Diary No. / Receipt No.:

(To be filled in by the candidate in his/her own handwriting)

1. Details of Demand draft enclosed of Rs.

DD No _____ Date _____ Amount _____

Bank Name _____ Issuing Branch _____ Payable at _____

2. Name of the Candidate (IN BLOCK 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 Applicant belongs: SC ST A B C D E OTHERS

9. State _____ **10. Sex:** Male Female

11. Address for Communication _____

_____ City _____

District _____ State _____ Pin _____

Telephone No. with STD Code /Mobile _____ E-mail _____

12. Permanent Address

_____ City _____

District _____ State _____ Pin _____

Telephone No. with STD Code /Mobile _____ E-mail _____

**Paste self signed
recent passport
size photograph**

13. Details of the Examinations Passed

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 st Prof.					
BAMS-2 nd Prof.					
BAMS-3 rd Prof.					
Grand Total of all the Professional BAMS Examinations					
Any other examination					

14. Sanskrit as a subject passed at the level of

i) Intermediate (10+2) Yes/No _____ ii) BAMS Yes/No _____ iii) Other Yes/No _____

15. Details of internship and other experiences as on or before 31st July, 2013:

Nature of Job	Name of Hospital / Institution	Duration	
		From	To
Internship			
Others			

16. Permanent/Temporary Registration No.:Date: State:

17. Details of present employment, if any:

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
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 _____