

UNIVERSITY OF DELHI
(Faculty of Ayurvedic & Unani Medicines)
6th Floor, V.P. Chest Institute Building,
University of Delhi, Delhi-110 007
SESSION -2012-2013

Recent passport size
self attested
photograph of the
applicant

FOR OFFICE USE

- (i) Aggregate Marks in BUMS/BAMS Courses.....
(ii) Whether employed.....

Checked

Verified

Please Tick (√) Mark

- (i) APPLICATION FOR ADMISSION TO MAHIR-E-TIB/
MIHIR-E-JAHARAT (MD/MS UNANI) :

(i) Amraz-e-Niswan wa Qabalat (ii) Ilmul Saidla (iii) Moalejat (iv) Munaful Aza

- (ii) Application for Admission to Ayurveda Vachaspati (MD Ayurveda) :-

(i) Kaya Chikitsa (ii) Kriya Sharir

IMPORTANT INSTRUCTION:

- (i) Please read the Bulletin of Information carefully before filling the application form.
(ii) Application must reach in the Deputy Registrar (Medical), Faculty of Ayurvedic & Unani Medicines, 6th Floor, V.P.C.I. Building, University of Delhi, Delhi- 110007, on or before 25.09.2012 (05.00 p.m.).

PARTICULARS TO BE FILLED IN BY THE CANDIDATE

1. Full name in block letters Dr.(Ms./Mr.)
2. Father's Name
3. Mother's Name
4. Date of Birth
5. Nationality
6. Write OBC/SC/ST/PH if you belong to that category, otherwise write General
7. State to which belongs
8. University Enrolment No.
(In the case of Delhi University candidates only)
9. Present Occupation

FOR OFFICE USE

S.No.....

UNIVERSITY OF DELHI
(Faculty of Ayurvedic & Unani Medicines)

Received an application form for admission to Postgraduate Degree Course in Ayurvedic & Unani Medicine for the session 2012-2013 from Dr.....date.....

Dealing Assistant

Please furnish the following details if the applicant is/was in service after completion of internship:

S.No.	Designation	Date of appointment		Department	Institution
		From	To		
1.					
2.					
3.					
4.					

10. If you are already pursuing Postgraduate Degree Course from any other University, please mention the name of the Course and date of joining the Course/ Institution.....

.....

11. Permanent Address.....

12. Local Address

Telephone No.(if any)Residence.....Mobile.....Office.....

NB : Any change in address should invariably be communicated to this office.

DETAILS OF THE EXAMINATION PASSED

S.No. Examination Passed	Name of the University Board	Year of Passing	Roll No.	Marks Obtained	Max. Marks	Percentage %	Whether Recog. By CCIM
1. Higher Secondary/ Senior School Certificate Exam.							
2. BUMS/BAMS							
3. Total marks secured in BUMS/BAMS							

13. Date of admission to BUMS/BAMS Course.....

14. Date of passing the Final BUMS/BAMS Examination.....

15. Name of University from where the BUMS/BAMS Examination Passed.....

16. Percentage of aggregate marks at all final BUMS/BAMS Examination.....

17. Duration of BUMS/BAMS Course.....

18. Date of Internship fromto.....

19. Duration of Internship.....

20. Duration of the Course with Internship.....Years.....Months.....

21. Registration with State Council/Board of A & U Medicines/CCIM No.Date.....

DECLARATION BY THE APPLICANT

1. I, hereby, solemnly and sincerely affirm that the statement made and information furnished by me in the application form is true and correct. I have not concealed any information. If any information furnished, herein, is found fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution, and I also agree to forego my seat in Post-Graduate Degree Course. Further I am liable to be punished by the University and the selection and admission to the course is liable to be cancelled. I agree to abide by the Rules and Regulations governing the Examination as contained in the Bulletin of Information.
2. In case I fail to join the course offered to me and accepted by me within the prescribed date, my selection / registration to the course be treated as cancelled.
3. I undertake that in the event of my admission to any Degree course I will not apply for/or accept admission to any course in any University / Institution till I complete the course to which I am admitted on the basis of this application. I further undertake that in the event of my resigning the course concerned to which I am admitted, I will not appear in the next and subsequent Entrance Tests, till the duration of the course concerned is over.
4. I undertake that in the event of my selection for a Post-Graduate Degree Course, I shall deposit all my original certificates along with a Surety Bond of ₹ 5 lacs. In the event of (i) my not joining the course at the allotted institution on or before the stipulated date (ii) leaving the course before its completion and (iii) cancellation / termination of my admission /registration by the University on account of unsatisfactory performance/ conduct/ discipline, I will deposit a sum of ₹ 5 lacs in the institution where I am enrolled to redeem my original certificates.
5. I agree to undergo to the said course on full-time basis and shall not engage myself in practice or any part-time/ full-time job during the period of the course and if I do so, my name may be removed from the rolls of the University.
6. I am aware that the University can remove my name from its rolls in case my work is not reported satisfactory by my Supervisor/ Head of the Institution.
7. On admission, I shall submit myself to the disciplinary jurisdiction of the Vice-Chancellor and several authorities of the University who may be vested with the authority to exercise discipline under the Act, the Ordinances, the Rules and Regulations that have been framed by the University from time to time.

Signature of the Candidate

Name Dr.(Ms./Mr.).....

Dated:

Address.....

.....

Self attested copies of the following documents should be attached with the application form in the order as given below:

1. High School/Higher Secondary Certificate for verification of date of birth.
2. BUMS/BAMS Degree/Provisional Certificate.
3. Detailed marks sheet of all Professional Examinations in BUMS/BAMS Degree.
4. The compulsory rotating internship certificate in recognized Hospital of Ayurvedic & Unani Medicines.
5. Employer's Certificate, if employed.
6. Registration Number with State Council/Board of A & U Medicines / CCIM.
7. SC/ST/OBC/PH Certificate, if applicable.

Date:

Signature of the Candidate

Name Dr.(Ms./Mr.).....

Address.....

.....

UNIVERSITY OF DELHI
(Faculty of Ayurvedic & Unani Medicines)

Sl.No.....

**ADMISSION TICKET FOR
POST-GRADUATE DEGREE COURSE IN AYURVEDIC &
UNANI MEDICINES ENTRANCE
EXAMINATION -2012-2013**

**Date of Entrance Examination - 06 - 10 - 2012
Reporting Time: 09:30 A.M.**

**Recent
Passport size
photograph of
the applicant
(without
attested)**

Roll No.

Examination Centre

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

Name(IN BLOCK LETTERS).....

Father's Name.....

Signature of the Candidate **Dean** **Deputy Registrar**
Faculty of A & U Medicine Faculty of A & U Medicine

Name of the candidate.....

Address(Postal).....

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UNIVERSITY OF DELHI
(Faculty of Ayurvedic & Unani Medicines)

Sl.No.....

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Faculty of A & U Medicine Faculty of A & U Medicine

Name of the candidate.....

Address(Postal).....

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Please see overleaf

Note: Candidates are admitted to the examination under conditions laid down in the Ordinance and Regulations of the University. Attention is particularly drawn to the Code of Conduct for Examinees, Directions to the Candidates for Examinations and Ordinance X, X-A & X-B laying down the General Rules for the Examination etc are given in the Bulletin of Information.

Each candidate must show his/her "Admission Ticket" to the Superintendent of the Examination Centre for admission to the Examination Hall and may be required to produce the same at any time during the course of examination.

Admission of the candidate to the Entrance Examination is provisional subject to his/her being found otherwise eligible for admission to the course concerned.

If ineligibility of a candidate is detected at any stage before or after examination/declaration of result, his candidature/admission will be cancelled without any notice.

In case, any candidate is found to have furnished false information or certificate etc. or is found to have withheld or concealed any material information in his/her application, he/she will be debarred from admission.

Cellular Phone / Pager etc. is strictly prohibited in the Examination Hall

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