

FOR OFFICE USE

- (i) % of Marks in 10+2.....
(Phy., Chem., Bio.)
- (ii) Category.....
- (iii) Eligibility.....
- Checked by.....

UNIVERSITY OF DELHI
(FACULTY OF AYURVEDIC & UNANI MEDICINES)

APPLICATION FORM FOR ADMISSION TO
BAMS/BUMS COURSES
FOR THE SESSION 2013-2014

Recent passport
size attested
photograph of the
applicant

**Note: No application form will be accepted after
26/10/2013**

NOTE: SEPARATE APPLICATION FORM SHOULD BE SUBMITTED FOR EACH COURSE.

Course to which admission is desired: a) **BAMS** _____
Please Tick (✓) only one course b) **BUMS** _____

1. Name (in Block Letters) _____

2. Father's/Guardian's Name _____ Mother's Name _____

3. Postal Address _____

Telephone No. _____

4. Permanent Address _____

Telephone No. _____

Day Month Year

Day Month Year

5. (a) Date of Birth (b) Age as on 31.10.2013

6. Category: Please mention your category/ categories by writing the appropriate words in the boxes out of the alternatives given below:-

Write SC/ST/OBC/PH/CWWAPP Category, if you belong to that category,
otherwise write General

7. Address of the school last attended _____

Year of joining _____

8. Year of passing 10+2 Examination _____

9. Write the language passed upto 8th/10th/12th: Hindi upto ___ Class, Urdu upto ___ Class, English upto ___ Class.

10. Detailed marks in 10+2 or equivalent Examination:

Examination passed/ appeared	Name of University/Board	Year of passing	Roll No.	Subjects officered	% in aggregate of Phy., Chem., Bio.

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No

UNIVERSITY OF DELHI**(Faculty of Ayurvedic & Unani Medicines)**

Received application form from Sh./Ms..... on for admission to BAMS/BUMS Courses 2013-2014.

Dealing Assistant

11. Nationality_____

12. Occupation of Father _____ Designation _____

Official Address _____ Telephone No. (O) _____

13. Occupation of Mother _____ Designation _____

Official Address _____ Telephone No. (O) _____

14. Yearly income of the Guardian on whom you are dependent, if applicable _____

15. Educational Qualification (a) Father _____ (b) Mother _____

16. State/Union Territory of which the candidate is bonafide resident _____

17. If admission has been taken in BAMS/BUMS Course earlier in Delhi University, please indicate the year of admission _____. The candidate who sought admission to BAMS/BUMS Course earlier but failed to pass the 1st Professional Examination within the permissible chances will not be eligible for admission to BAMS/BUMS course 2013-2014.

18. Write 'YES' if you are in service, otherwise write 'NO'

19. (In-Service candidates are required to submit NOC from Head of the Institution).

20. **Enclosed: Please tick (✓) which is applicable.**

- (1) Secondary School Certificate & its Marks Sheet ()
- (2) Senior School Certificate & its Marks Sheet ()
- (3) Separate Certificate of Date-of-Birth, if it is not shown in the certificate (1) above ()
- (4) Character Certificate from the Head of the Institution last attended (Not older than six months) ()
- (5) Mark Sheet/Certificate of Urdu of at least Matriculation standard for BUMS Course ()
- (6) Hindi Certificate (Marks Sheet) for all candidates upto 10th standard applying for BAMS Course ()
- (7) Hindi Certificate upto 8th standard for BUMS Course for purpose of award of Degree ()
- (8) Certificate of SC/ST/PH category ()
- (9) Entitlement Certificate for CWWAPP category ()
- (10) OBC Certificate.

Note: Please mention the total number of enclosed certificates/ documents relating to above ().

20. Enrolment No. of the University of Delhi, if any _____

21. **Declaration:**

I declare that I will undergo compulsory Hindi Test conducted by University of Delhi to be eligible for award of Degree (if applicable).

Signature of the candidate

UNDERTAKING

1. I declare that the facts stated above are correct to the best of my knowledge and belief.
2. All the copies of testimonials, attached with this form, are submitted by me at the time of filling of this admission form.
3. I agree to submit myself, after admission, 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 Statutes, the Ordinance and the Rules that have been framed there under by the University of Delhi, A & U Tibbia College and Nehru Homeopathic Medical College.
4. If any document submitted by me along with the application form is found fake/ forged, I will be held responsible for consequences including police/ legal action.
5. I _____ S/o / D/o Sh. _____ hereby take admission in BAMS/ BUMS degree course in A. & U. Tibbia College, Karol Bagh, New Delhi with the clear understanding that I shall be pursuing studies in the system till successful completion of the said course.

Signature of the candidate

Signature of Father or Legal Guardian: _____

Date _____

Place _____

TO WHOM IT MAY CONCERN

1. Certify that Sh./Ms. _____ S/o / D/o _____ has been a regular student of this school from _____ to _____ (_____ years).
2. Certified that Sh./Ms. _____ has studied 11th & 12th classes in this school.
3. He/She has appeared/passed 10+2 examination in the year _____ conducted by the _____ (Name of the Board).
4. He/She bears a good moral character.
5. This school is recognized by _____ (Name of the Board/Authority).
6. Whether the school is situated within the National Capital Territory of Delhi. Yes _____ No _____
{Please Tick (✓) which is applicable}
7. Date of Birth as per school record _____

Date _____

Signature of the Principal with Seal

Note:- This Certificate must have attested (in original) by the school of the Principal with Seal where the candidate has studied 11th & 12th Classes as regular student, failing which, your application Form will be treated as cancelled without any further reference to the matter.

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Certified that the application form is in order/rejected

The ground of rejection is _____

Percentage of the candidate is _____

His/her rank in the merit is _____

1. Name of the Member _____ Signature _____

2. Name of the Member _____ Signature _____

3. Name of the Member _____ Signature _____

FOR USE OF THE COLLEGE

RECOMMENDATIONS OF THE ADMISSION COMMITTEE

The Admission Committee recommended that Sh./Miss/Mrs. _____ S/o, D/o Sh. _____ at Sr. No. _____ in the _____ merit list, may be admitted provisionally in 1st _____, subject to the approval of the University of Delhi.

(Signature of the Member)

(Signature of the Member)

(Chairman)

ORDERS OF THE PRINCIPAL

Sh./Miss/Mrs. _____ S/o, D/o, W/o, _____ is allowed Provisional admission to _____ Course, subject to approval of the University.

Principal
(A&U Tibbia College)

Received Rs. _____ as admission fee from _____ S/o, D/o, W/o _____ vide Receipt No. _____ Dated _____

Cashier

AUTHORITY LETTER AND UNDERTAKING FOR AUTHORIZED REPRESENTATIVE FOR ADMISSION TO BAMS/BUMS COURSES SESSION 2013-14

AUTHORITY LETTER

(TO BE SUBMITTED AT THE TIME OF COUNSELING BY THE REPRESENTATIVE)

I _____ son/ daughter of Shri _____ bearing Application No. _____ for admission to BAMS/BUMS Courses Session 2013-14, do hereby authorize Mr./ Mrs./ Miss _____ son/ daughter/ wife of Shri _____ Resident of _____ to represent me on _____ (date) before the A&U Medicine Courses Admission Committee for selection/ rejection of a seat/ college, or placement in waiting list for admission to BAMS/BUMS Courses, 2013-14. The signature and the photograph of above named Mr./ Mrs./ Miss _____ are attested below.

Photograph of candidate attested by Gazetted Officer

Signature of the candidate
Name _____
Application Form No. _____
Merit/Rank No. _____
Address _____

Photograph of authorized representative attested by the candidate

Signature of Authorized representative _____
Attestation of Signature by the Candidate _____

Note: Candidate should sign in such a way that half of his/ her signature be on the photograph of authorized representative.

UNDERTAKING

I _____ son/ daughter of Shri _____ aged _____ year _____ months, Application Form No. _____ placed at Merit/Rank _____ in BAMS/BUMS Courses 2013-14, do hereby solemnly affirm and undertake that the decision of my authorized representative, Mr./ Mrs./ Miss _____ son/daughter/wife of Shri _____ aged _____ years _____ regarding selection/ rejection of seat, or placement in waiting list regarding admission to BAMS/BUMS courses 2013-14 on the date of personal appearance shall be binding on me and I shall not have any claim whatsoever, other than the decision taken by my authorized representative on my behalf on _____

Signature of the candidate
Name _____
Application Form No. _____
Merit/Rank No. _____
Address _____

I have fully read the information furnished by my son/daughter/ward and affirm that it is true and if it is proved that the information is fraudulent, I am liable to criminal prosecution.

Signature of Parent/ Guardian

Full Name: _____
Relation with the candidate: _____