

UNIVERSITY OF DELHI
(Faculty of Ayurvedic & Unani Medicine)
6th Floor, V.P. Chest Institute Building,
University of Delhi, Delhi-110 007
SESSION -2016-2019

Recent passport size
self attested
photograph of the
applicant

FOR OFFICE USE

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

Checked

Verified

Application for Admission to Ayurved Vachaspati (MD-Ayurved)**IMPORTANT INSTRUCTION:**

- (i) Please read the Bulletin of Information carefully before filling the application form.
(ii) Application must reach in the Joint Registrar (Medical), Faculty of Ayurvedic & Unani Medicine, 6th Floor, V.P. Chest Institute Building, University of Delhi, Delhi- 110007 from 20.07.2016 to 17.08.2016.

PARTICULARS TO BE FILLED IN BY THE CANDIDATE IN HIS/HER OWN HANDWRITING

1. Full name in block letters Dr.(Ms./Mr.)
2. Father's Name
3. Mother's Name
4. Date of Birth
5. Nationality
6. Category: SC/ST/OBC/PwD/General
7. State to which belongs
8. University Enrolment No.
(In case of Delhi University BAMS passed candidates only)
9. Present Occupation (if any).....

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.					

FOR OFFICE USE

S.No.....

UNIVERSITY OF DELHI
(Faculty of Ayurvedic & Unani Medicine)

Received an application form for admission to Postgraduate Degree Course in Ayurved Vachaspati (MD/MS-Ayurved) for the session 2016-2019 from Dr.....date.....

Dealing Assistant

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

11. Permanent Address.....

.....Pin.....

12. Local Address

.....Pin.....

Telephone No. 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.	Total marks secured in I Prof. BAMS							
3.	Total marks secured in II Prof. BAMS							
4.	Total marks secured in III Prof. BAMS							
5.	Total marks secured in IV Prof. BAMS							
6.	Aggregate Marks in BAMS							

13. Date of admission to BAMS Courses.....

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

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

16. Duration of BAMS Course.....

17. Date of Internship fromto.....

18. Duration of Internship.....

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

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

UNDERTAKING

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(s) 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 ₹ 5.0 lac. 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 5.0 lac in the institution where I am enrolled to redeem my original certificates.
5. I agree to undergo 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 the 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

Place

.....

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

1. High School /Higher Secondary Certificate for verification of date of birth.
2. Certificate in support of educational qualification BAMS.
3. Detailed marks certificate of qualifying examination: I, II, III & Final Professional Examination of BAMS or year wise detailed marks Certificates of Bachelor's Degree, as required.
4. The compulsory rotating Internship Certificate.
5. BAMS Examination attempt Certificate
6. Registration Certificate from State Council/Board of A&U Medicine/CCIM.
7. Schedule Caste/Schedule Tribe/OBC/PWD Certificate, if applicable.
8. Employer's Certificate and a No Objection Certificate (NOC), if employed.

Note: No original certificate should be attached with the application form.

UNIVERSITY OF DELHI
(Faculty of Ayurvedic & Unani Medicine)

Sl.No.....

ADMISSION TICKET FOR
POST-GRADUATE DEGREE COURSE IN AYURVED
VACHASPATI (MD/MS - AYURVED)
ENTRANCE EXAMINATION -2016-2019

Date of Entrance Examination - 11 - 09 - 2016
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

Name of the candidate.....

Address(Postal).....

.....

.....Pin.....

Joint Registrar
Faculty of A & U Medicine

Please See Overleaf

UNIVERSITY OF DELHI
(Faculty of Ayurvedic & Unani Medicine)

Sl.No.....

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Joint Registrar
Faculty of A & U Medicine

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 of certificate etc. or is found to have withheld or cancelled 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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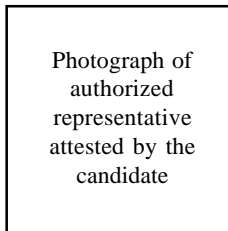
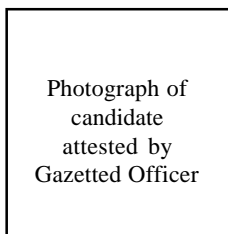
**AUTHORITY LETTER AND UNDERTAKING FOR AUTHORIZED REPRESENTATIVE
TO BE SUBMITTED AT THE TIME OF COUNSELLING**

**Ayurved Vachaspati (MD/MS – Ayurved) Course for the session 2016 – 2019 under Faculty of
Ayurvedic & Unani Medicine, University of Delhi**

AUTHORITY LETTER

I _____ son/ daughter
of Shri _____ bearing Application No. _____ for
admission to Ayurved Vachapsati (MD/MS – Ayurved) Courses Session 2016-2019, do hereby authorize Mr./ Mrs./
Miss _____ son/ daughter/ wife of Shri _____
Resident of _____

to represent me on _____ (date) before the Joint Admission Committee of the Faculty of Ayurvedic
& Unani Medicine for selection/ rejection of a seat/ college, or placement in waiting list for admission to Ayurved
Vachapsati (MD/MS – Ayurved) Courses Session 2016-2019. The signature and the photograph of above named Mr./
Mrs./ Miss _____ are attested below.



Signature of the candidate

Name _____

Application Form No. _____

Category/Rank No. _____

Address _____

Signature of Authorized representative _____

Attestation of Signature by the Candidate _____

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
Rank _____ in Ayurved Vachapsati (MD/MS – Ayurved) Course 2016-2019, 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 Ayurved Vachapsati (MD/MS
– Ayurved) courses 2016-2019 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. _____

Category/Rank No. _____

Address _____

Date :

Place :