

# UTTARANCHAL AYURVEDIC COLLEGE

17, OLD MUSSOORIE ROAD, DEHRADUN, UTTARAKHAND-248009

## APPLICATION FORM SESSION 2013-2016

### M.D. AYURVEDA VACHASPATI ENTRANCE EXAMINATION

Please fill the subject in box preference with 1 being the most preferred and 4 being the least preferred -

M.D. Ayurveda Vachaspati 1-

2-

3-

4-

Paste  
a latest coloured  
passport sized  
photograph and attach  
three additional copies  
therof

Bank Draft no: \_\_\_\_\_ date \_\_\_\_\_ name of bank \_\_\_\_\_

1- Name in full (block letters and as entered in qualifying examination certificate)

\_\_\_\_\_

Contact no (Mobile No) \_\_\_\_\_

E-mail ID (if any) \_\_\_\_\_

Blog/website (if any) \_\_\_\_\_

2- Father's name (as entered in qualifying examination certificate) \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact no. (Mobile no) \_\_\_\_\_ Landline no (with STD Code) \_\_\_\_\_

Email ID (if any): \_\_\_\_\_

3- Mother's name (as entered in qualifying examination certificate) \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact no. (Mobile no) \_\_\_\_\_ Landline no (with STD Code) \_\_\_\_\_

Email ID (if any): \_\_\_\_\_

4- Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Landline no (with STD Code) \_\_\_\_\_

5- Date and Place of Birth (as per Class X Certificate)

Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Place \_\_\_\_\_

6- Nationality \_\_\_\_\_

7- State of domicile \_\_\_\_\_

- 8- Gender (Please tick ):  Male  Female  
 9- Marital Status (Please tick ):  Married  Unmarried  
 10- Name and address of the institution last attended:- \_\_\_\_\_

11- Educational Qualifications (in order of X, Xii, Graduation)

Courses Completed	School/College	Board/University	Type of Degree	Subjects	Year of passing	% age
Std. X						
Std. XII						
B.A.M.S. Ist Proff						
IIInd Proff						
IIIrd Proff						
Any Other						

12 Internship detail:-

Name of Hospital	Duration	From	To
Total			

- 13 Were you (a) ever debarred from any examination(s)?  Yes  No (Please tick)  
 (b) Punished for misconduct?  Yes  No (Please tick)

If yes, please furnish details:

\_\_\_\_\_

14 Declaration to be signed by the candidate:

I declare that the information given above is true and complete to the best of my knowledge and belief; and if any of it is found to be incorrect, my admission shall stand cancelled I shall be liable to such disciplinary action as may be decided by the college will be final.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Full signature of the candidate