



UTTARANCHAL AYURVEDIC COLLEGE, DEHRADUN

ADMISSION FOR THE YEAR –

U/S Indian Society for Human Welfare Registered under Societies Registration Act 1860

NAME OF COURSE - _____

1. NAME OF CANDIDATE _____
(IN CAPITAL LETTERS)

2. FATHER'S NAME & PROFESSION _____

3. MOTHER'S NAME & PROFESSION _____

4. DATE OF BIRTH (IN NUMBERS) / / (IN WORDS) _____

5. CORRESPONDENCE ADDRESS _____

6. TELEPHONE NO. WITH STD CODE/MOBILE _____

7. LOCAL ADDRESS WITH TELEPHONE NO.(if any) _____

8. CATEGORY _____ NATIONALITY _____ RELIGION _____

9. EDUCATIONAL QUALIFICATION

PASTE YOUR
RECENT
COLOURED
PHOTOGRAPH

S. No	Name of Exam Passed	Year of Passing	Board/University	Percentage of Marks

DECLARATION –

1. I _____ declare that if given admission in this Institute I shall strictly abide by the rules of the Institution as enforced from time to time.
2. All the information given by me is true, if found wrong or if I shall not abide by the rules of the Institution, I shall be liable to be punished and cancellation of my admission in the said course.
3. Fee once paid is not refundable in any case.

(Sig. of Father/Guardian)

(Sig. of Candidate)

Date :-

Place :-