

BANARAS HINDU UNIVERSITY
INSITUTE OF MEDICAL SCIENCES
FACULTY OF AYURVEDA
DEPARTMENT OF KAUMARBHRITYA/BALROGA

Website: www.bhu.ac./ims, email: hodkibdchay2018@gmail.com

Registration of candidates for admission to the Two years P.G. Diploma Course: D.Ch. (Ay)

(Through AIAPGET-2018)

(Approved by the CCIM / Deptt. of AYUSH)

AIAPGET/2018-19/Roll No.:

Date

Name of the Applicant:

Father's Name:

Mother's Name:

Date of Birth:

Category:

Nationality:

Permanent Address:

Postal Address:

E-mail id.:

Mobile no.

Paste
Recent Passport
Size
Photograph

| SR. NO. | Qualifying Degree/exam (High School to BAMS Final year) | Year of passing | Total Marks | Marks obtained | Percentage |
|---------|---|-----------------|-------------|----------------|------------|
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Date of Internship completion :

Medical Registration No. :

Detail of Demand Draft :

| D/D No. and date | In favor of- | Amount | Bank Branch |
|------------------|--------------|--------|-------------|
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| | | | |

I declare that above given information are true in my knowledge. Any information if found false, my candidature / admission/registration will be cancelled.

Name of Applicant

Signature of Applicant

Date :

Place: