



# UTTARAKHAND AYURVED UNIVERSITY

**Registration Form for Under Graduate and Post Graduate Students**

## **ADMISSION FORM**

**(Incomplete admission form will not be entertained)**

\*to be filled every year at the time of admission by studying students.

1. Enrollment No.: .....
2. Name: .....  
(as per High School certificate, not be included Mr./Mrs./Miss./Dr. etc.)  
Tel. /Mob.: ..... E-mail id: .....
3. Gender: .....
4. Nationality: .....
5. Date of Birth(dd/mm/yyyy): .....  
(attach attested photocopy of High School certificate)
6. Category(Gen/SC/ST/OBC): .....  
(attach certificate from competent authority)
7. Subcategory(PH/FF/AFS/WV): .....  
(attach certificate from competent authority)
8. Father's Name: .....  
Tel./Mob.: ..... E-mail id: .....
9. Mother's Name: .....  
Tel./Mob.: ..... E-mail id: .....
10. Local Guardian's Name: .....  
Relationship: .....  
Tel./Mob.: ..... E-mail id: .....
11. Full mailing Address : .....  
.....  
Pin Code: ..... Tel./Mob.: .....
12. Permanent Address : .....  
.....  
Pin Code: ..... Tel./Mob.: .....

Affix recent  
Photograph duly attested  
by Principal/Director of  
the Institute from which  
the student is being  
enrolled

13. Academic Examination passed (10<sup>th</sup>/12<sup>th</sup> details)

\*(attach attested photocopy of mark sheet)

Class	Institution/Board	Subjects	Marks/Grade			Month and Year of Passing
			Maximum	Obtained	Aggregate	
High school (10 <sup>th</sup> )						
Intermediate (12 <sup>th</sup> )						

14. Professional Examination passed (For B.A.M.S./B.H.M.S./B.U.M.S.)

\*(attach attested photocopy of previous year mark sheet)

Class	Institution	Subjects	Marks/Grade			Month and Year of Passing
			Maximum	Obtained	Aggregate	
B.A.M.S./B.H.M.S./ B.U.M.S. 1 <sup>st</sup> Professional						
B.A.M.S./B.H.M.S./ B.U.M.S. 2 <sup>nd</sup> Professional						
B.A.M.S./B.H.M.S./ B.U.M.S. 3 <sup>rd</sup> Professional						
B.A.M.S./B.H.M.S./ B.U.M.S. Final Professional						

15. Professional Examination passed (For MD/MS Ayurved)

\*(attach attested photocopy of previous year mark sheet)

Class	Institution	Subjects	Marks/Grade			Month and Year of Passing
			Maximum	Obtained	Aggregate	
MD/MS (Ayurved) 1 <sup>st</sup> Professional						
MD/MS (Ayurved) Final Professional						

16. Fee Details:

Amount (in digits) Rs. \_\_\_\_\_

Amount (in words): .....

Bank Name/Branch: .....

DD Number: ..... Issue Date: ..... (dd/mm/yyyy)

**DECLARATION**

I \_\_\_\_\_ S/o, D/o, W/o Sh \_\_\_\_\_ do hereby affirm and declare that above information are true and correct to the best of my Knowledge and belief and nothing has been concealed there from. I also that the event of wrong information my candidature may be liable to be cancelled.

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

\_\_\_\_\_  
(Name and Signature of the Candidate)

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

\_\_\_\_\_  
(Signature of the Parents/Local Guardian)

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**FOR OFFICIAL USE ONLY**

Fee Rs. \_\_\_\_\_

Result: \_\_\_\_\_

Amount (in words): .....

Admission Granted In Class: \_\_\_\_\_

.....  
(Office Assistant)

.....  
(Director/Principal)