Phone No.: 0621-2286820, 2283603

NITISHWAR AYURVED MEDICAL COLLEGE & HOSPITAL & P.G. RESEARCH INSTITUTE

BAWAN BIGHA, MUZAFFARPUR - 842002

APPLICATION FORM

Please Tick (✓) in Box

01 Course Applying for BAMS ☐ MS/MD Ay. SHALYA TANTRA ☐ PRASUTI TANTRA & STRI ROGA ☐ KAYACHIKITSA ☐ SHALAKYA TANTRA ☐ PANCHKARMA ☐

Note: This form is to be filled in by the candidate in **CAPITAL LETTERS** only.

02 Name of the Candidate (as entered in class x certificate) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

03 Sex _____ Categories _____

04 Date of Birth ___/___/_____ Religion _____ Nationality _____

05 Father's Name _____

06 Occupation _____

07 Mother's Name _____

08 Postal Address _____

_____

09 Permanent Address _____

_____

10 Phone No _____ Mobile No. _____

11 E-mail _____

12 Are you enrolled in or seeking admission to any courde in any University/ College/ Institute concurrently if yes, give details _____

13 Summary of Educational Qualifications

Previous Exam. Passed	Year	Obtained Marks	Name of Board/ University
Matric			
10+2 (Sr. Sec.)			
Graduate (B.A.M.S.)			
Any Other			

14 Aadhar No. _____

Date..... **Signature of Candidate**

Serial No.

FOR OFFICE USE ONLY

1. Date of Submission of Form :
2. Signature of Receiver
3. List of Original/ Photocopies Certificates received :

(a) Matric _____ (b) 10+2 _____ (c) B.A.M.S. _____ (d)Attempt Certificate _____

(e) Migration _____ (f) Character _____ (g) Any Other _____