ASHWINI EDUCATIONAL ASSOSIATION ®
AYURVEDIC MEDICAL COLLEGE AND P.G CENTRE

*AFFILIATED TO RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE; *RECOGNISED BY CENTRAL COUNCIL OF INDIAN MEDICINE (CCIM), NEW DELHI; *BY DEPT.OF 'AYUSH' & MINISTRY OF HEALTH & FAMILY WELFARE, GOVT. OF INDIA

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MD/MS (AYURVEDA) APPLICATION FORM

STUDENT NAME (IN BLOCK LETTERS):_____

DATE OF BIRTH (dd/mm/yyyy): ____/_____/_____ AGE: _____ GENDER: MALE/FEMALE

RELIGION: _____ CASTE: _____CATEGORY: _____

MOBILE NUMBER: _____ E-MAIL:_____

ADDRESS: _____

_____

TOTAL INCOME OF PARENT (PER ANNUM):_____

EXAMINATION	BOARD OF EXAMINATION / UNIVERSITY	YEAR OF PASSING	MAXIMUM MARKS	MARKS/ % SECURED
2nd PUC/12th STANDARD				
BAMS (UG)				

AIAPGET	MARKS SECURED	ALL INDIA RANK (AIR)

STUDENT SIGNATURE

_____

PARENT SIGNATURE

_____

SEND FILLED APPLICATION TO-------WhatsApp : +91- 6361275755 Email: aamcdvg@gmail.com

ATTACH:
1. 2nd PUC/12th MARKS CARD
2. BAMS DEGREE CERTIFICATE
3. AIAPGET MARKS SHEET
4. BAMS ALL YEAR'S MARKS CARD
5. INCOME CERTIFICATE-PARENTS
6. TC/MIGRATION CERTIFICATE
7. PASSPORT PHOTO & ID PROOF