



HIMACHAL PRADESH UNIVERSITY
Gyanpath, Summer Hill, Shimla – 171 005

Roll No.....
 (To be assigned by the Office)

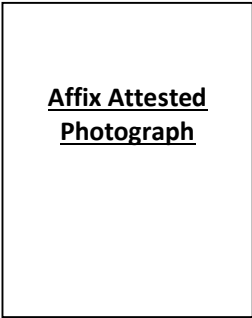
FACULTY OF AYURVEDA

Examination Fee for B.A.M.S.	REGULAR: Rs. 4000.00/Re-appear: Rs. 1000.00 (PP)
Examination Fee for M.D./M.S.	REGULAR: Rs. 6000.00/Re-appear: Rs. 1000.00 (PP)

Examination Form for _____ Prof.

PARTICULARS TO BE FILLED IN BY THE CANDIDATE NEATLY AND LEGIBLY IN HIS/HER OWN HANDWRITING

1. Name of the Examination: _____
2. Name of the Institution: _____
3. Name of the Candidate (in block letters): _____
4. Father's Name: _____
5. Registration No.: _____
6. Gender (M/F): _____ Domicile: _____
7. Date of Birth _____ Religion _____
8. Year of Passing +2 or other University Exam: _____ Institution: _____
9. Permanent Address: _____
10. University Examination Fee Receipt No. _____ Dated: _____ Amount: _____
11. Have you ever been disqualified? If so, state year _____ Roll No. _____
 Period _____
12. Name and Year of Passing Faculty's Last Examination (For MD/MS only) _____
 Roll No. _____ Result _____
13. For failed Candidates only:
 - a. Year and month in which appeared for the last time _____
 Roll No. _____ Result _____
 - b. Subjects in which to re-appear _____



Affix Attested
 Photograph

Declaration

I solemnly declare that the above particulars filled in by me are correct, in case of any discrepancy found therein, I shall be responsible for the consequences. I also certify that I have not been debarred to appear in the examination or any case of Unfair means is pending against me. I will not have any claim in case my examination form is rejected due to incomplete/wrong information including examination fee.

Place:

Date:

(Signature of Candidate)

CERTIFICATE

I certify that the candidate mentioned above has satisfied me by production of authentic documents, that the statements made by him/her above are correct, that he/she has attended not less than three-quarters of the full courses of lectures delivered in each of the subject and attended the practical and hospital duties, that he/she has fulfilled the conditions laid down under the regulations, that he/she has signed this admission form in my presence, that he/she is eligible to appear in the examinations for _____ in force in the University and that he/she bears a good moral character. Remarks if any: _____.

I recommend his/her candidature for above examination.

Date: _____

Principal
 (Seal of the Office)



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Roll No. _____

(To be assigned by the Office)

(To be filled in by the Candidate)

Admit (Name of the Candidate) _____

son/ Daughter of Sh. _____

to the BAMS/MD/MS _____ Prof. Examination to be held in

_____ 201_____ on the dates as given in the

Date Sheet at Centre of Examination _____

Signature of Candidate

**Controller of Examinations
Himachal Pradesh University.**

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