

# Guru Ravidas Ayurved University, Hoshiarpur

## Admit Card (Roll No)

Roll No.....

(To be assigned by the University)

Affix Recent

Photograph Duly Attested

(5 X 4)

1. Name.....
2. Father's Name.....
3. Mother's Name.....
4. Examination..... Year/Prof..... Session.....
5. Name of College/Centre.....
6. Subject(s) in which appearing
  1. .... 2. ....
  3. .... 4. ....
  5. .... 6. ....
  7. .... 8. ....
  9. .... 10. ....
7. Student Address.....  
.....  
..... Pin code ..... Contact No. (Resi)..... Mob.....  
(With code)

Signature of Candidate

Controller of Examinations

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# Guru Ravidas Ayurved University, Hoshiarpur

## (Counter Foil)

Roll No.....

(To be assigned by the University)

Affix Recent

Photograph Duly Attested

(5 X 4)

1. Name.....
2. Father's Name.....
3. Mother's Name.....
4. Examination..... Year/Prof..... Session.....
5. Name of College/Centre.....
7. Student Address.....  
.....  
..... Pin code ..... Contact No. (Resi)..... Mob.....  
(With code)

Signature of Dealing official

Signature of Centre Supdt.

Sr.No.....

Roll.No.....

(To be assigned by the University)

# Guru Ravidas Ayurved University, Hoshiarpur

## (Examination form for MD(Ayurved) Regular Students only)

**Important Instructions:-**

- (I) Examination form and fee should be submitted through the Principal of the College.  
 (II) All the Columns are mandatory and to be filled in neatly and legibly by the student in his/her own handwriting.  
 (III) Student should fill his/her particulars as per University Registration Card issued by the University.

Course/Class ..... Prof./Year ..... Session ..... Year.....

(As per Registration card issued by the University)

1. Name (in BLOCK Letters).....

2. Father's Name.....

3. Mother's Name.....

4. Registration No

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

5. Male/Female ..... 6. Annual Family Income.....

7. Date of Birth.

8. Do you belong to SC/ST/BC? If yes, mention Category.....

9. Domicile.....

10. Permanent Address (in BLOCK Letters).....

.....

..... Pin code..... Contact No (Resi)..... Mob.....

11. Correspondence Address (in BLOCK Letters).....

.....

..... Pin code..... Contact No (Resi)..... Mob.....

| 12. Subject(s) offered | Code/Abbreviation |
|------------------------|-------------------|
| i.                     |                   |
| ii.                    |                   |
| iii.                   |                   |
| iv.                    |                   |
| v.                     |                   |
| vi.                    |                   |
| vii.                   |                   |
| viii.                  |                   |
| ix.                    |                   |
| x.                     |                   |

**13. Detail of Previous Examination Passed:**

| Examination | Board/<br>University | Roll No. | Session | Year | Result | Marks<br>obtained | Total<br>marks |
|-------------|----------------------|----------|---------|------|--------|-------------------|----------------|
|             |                      |          |         |      |        |                   |                |

**14. Have you ever been disqualified from appearing in any examination or any case of unfair means(UMC) is pending against you in any University/Board? If so give details:**

| Examination | Roll No | Month | Year | <u>Period of Disqualification</u> |    | University/Board |
|-------------|---------|-------|------|-----------------------------------|----|------------------|
|             |         |       |      | From                              | To |                  |
|             |         |       |      |                                   |    |                  |

15. I solemnly declare that the particulars filled in by me above are correct to the best of my Knowledge and belief and if any discrepancy is found at any stage, I shall be responsible for the consequences.

Date.....

Signature of the student

# CERTIFICATE

Affix Recent  
Photograph Duly  
Attested  
(5 X 4)

## Certified that the candidate

- i. Has passed BAMS Degree examination from ..... University which is recognized by the Central Council Of Indian Medicine
- ii. Has completed the full course of study in the subject in Which the candidate is seeking admission to the Examination as required under Ordinances/Statutes/Rules/Regulations relating to MD(Ayurveda) examination.
- iii. Has completed house job from.....to..... and is eligible to appear in MD Part-I Examination.
- iv. Has failed in MD Part-I Examination held in..... under Roll No..... and is eligible to appear in MD Part-II Examination as per Ordinances/Statutes/Rules/Regulations relating to MD(Ayurveda) examination.
- v. Has passed MD Part –I Examination of Guru Ravidas Ayurved University, Hoshiarpur and is eligible to appear in MD part II Examination as per Ordinances/Statutes/Rules/Regulations relating to MD(Ayurveda) examination.
- vi. Has failed MD Part-II Examination of Guru Ravidas Ayurved University, Hoshiarpur and is eligible to appear in Examination as failed candidate.
- vii. Has completed the studies of all the subjects in which the candidate is seeking admission to the Examination.
- viii. Is medically fit and bears a good moral character.
- ix. The statement made by the candidate in the application form is correct and he/she fulfills the conditions laid down in the Ordinances/Statutes/Rules/Regulations relating in force to appear in the Examination.
- x. That he/she has filled this form in his/her own handwriting and has signed in my presence.
- xi. The student fulfills the requirement of lectures..... Ordinances/Statutes/Rules/Regulations in theory and practical in each subject separately.

Further certified that this college is recognized by The Central Council Of Indian Medicine for imparting instructions for M.D

Signature of the Guide  
(For certificate at Sr.No VII)

Date \_\_\_\_\_

Principal  
(Signature and stamp)

Examination Fee: Rs. 10000/-

The last date by which Examination form and fee must reach the University:

| Session  | Without Late fee           | With late fee of Rs.<br>500/- | With late fee of Rs.<br>1000/- | With late fee of Rs.<br>2000/- |
|----------|----------------------------|-------------------------------|--------------------------------|--------------------------------|
| May/June | 1 <sup>st</sup> March      | 15 <sup>th</sup> March        | 31 <sup>st</sup> March         | 15 <sup>th</sup> April         |
| Nov/Dec. | 15 <sup>th</sup> September | 30 <sup>th</sup> September    | 15 <sup>th</sup> October       | 31 <sup>st</sup> October       |

In case Examination Form is downloaded from our Website, You are requested to send Rs.100 in addition with Examination fee.

Note:-

1. The University may accept examination form and fee ten days before the commencement of examination with the permission of the worthy Vice-Chancellor and a late fee of Rs. 5000/- will be charged.
2. In case of late declaration of result due to any reason, the examination form shall be accepted within 15 days of the publication of the result without charging any late/extra fee. Otherwise late fee shall be applicable as per current schedule. (Mentioned above).
3. Bank Demand Draft including cost of form on account of fee should be in favour of "The Registrar, Guru Ravidas Ayurved University, hoshiarpur payable at Hoshiarpur.
4. Examination form may be submitted to University within 15 days without late fee after declaration of result, failing normal schedule as above will be applicable.