

# GURU RAVIDAS AYURVED UNIVERSITY HOSHIARPUR

## Application Form for Mercy Chance

Fee : Rs. 5000/- + Exam. Fee

1. Name : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Registration No. : \_\_\_\_\_
4. College Name : \_\_\_\_\_
5. Examination : \_\_\_\_\_
6. Session/Year : \_\_\_\_\_
7. Reason for Mercy Chance:  
(Documents attached) : \_\_\_\_\_

8. Total number of chances already availed, Give detail as asked below:

Availed Chances	Roll No.	Year	Session	Result
1st				
2nd				
3rd				
4th				
5th				
6th				

Note : Max. Chances allowed as follows:

- \* **BHMS** : 4 chances  
\* (Adm year prior to 2007, 6 chances)
- \*\* **BAMS** : 4 chances  
\*\* (Adm year prior to 2007, 6 chances)

9. Bank draft/University Receipt no. \_\_\_\_\_ Date : \_\_\_\_\_ Amount \_\_\_\_\_  
(Bank Draft should be drawn in favour of Registrar, Guru Ravidas Ayurved University, payable at Hoshiarpur)
10. Full address of the Applicant : \_\_\_\_\_
11. Contact No./Mobile No. : \_\_\_\_\_
12. e-mail address : \_\_\_\_\_

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

Full Signature of the Applicant

### CERTIFICATE

It is recommended that the applicant \_\_\_\_\_ son/daughter of \_\_\_\_\_ may be allowed Mercy Chance to appear in the examination as stated above under the Ordinances/Regulations in force on the prescribed fee.

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

Principal  
(Signature with Official Stamp)

**(For Office Use Only)**

**Remarks Regarding Case:**

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