



BANARAS HINDU UNIVERSITY
INSTITUTE OF MEDICAL SCIENCES
FACULTY OF AYURVEDA
VARANASI-221005

Roll No.

APPLICATION FORM

For appearing in admission test for

AYURVEDA VACHASPATI [MD (Ay)] / AYURVEDA DHANVANTARI [MS(Ay)]-2010

(Postgraduation Course of Three Years Duration)

Last date to reach the completed form to the office of the Director, IMS, BHU, Varanasi-221005: 20th April 2010

This form contains four pages to be filled by the candidate. Candidates are advised to read this form and information leaflet carefully before filling up the application form.

(For Office Use Only)

Provisionally allowed/Not allowed

Date of Receipt:

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Reasons

Diary No. / Receipt No.:

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(To be filled in by the candidate in his/her own handwriting)

1. Details of Demand draft enclosed of Rs. 1200/- (Rs. 900/- for SC and ST)*

DD No _____ Date _____ Amount _____

Bank Name _____ Issuing Branch _____ Payable at _____

2. Category* under which admission is sought (Tick the category)

General SC ST PC OBC

Supernumerary: a) Sponsored b) MBBS

3. Name of the candidate (IN BLOCK LETTERS) _____

4. Father's Name _____

5. Mother's Name _____

6. Date of birth: Day _____ Month _____ Year _____ 7. Nationality _____

8. State _____ 9. Sex: Male Female

10. Address for Communication _____

_____ City _____

District _____ State _____ Pin _____

Telephone No. with STD Code /Mobile _____ E-mail _____

11. Permanent Address _____

_____ City _____

District _____ State _____ Pin _____

Telephone No. with STD Code /Mobile _____ E-mail _____

<p>-A-</p> <p>Paste self signed recent passport size photograph</p>
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*SC (Schedule Cast), ST (Schedule Tribes), PC (Physically Challenged) and OBC (Other Backward Caste) candidates must attach attested copy of concerned certificate in support.

12. Details of the Examinations Passed

Name of the Examination	University/ Board	Year	Subject	Marks obtained * /Maximum marks	% of Marks	No. of attempts
High School/ or equivalent						
I.Sc. or equivalent of 10 +2 level						
BAMS/MBBS-1 st Prof./Year						
BAMS/MBBS-2 nd Prof./Year						
BAMS/MBBS-3 rd Prof./Year						
BAMS-4 th Year						
BAMS-5 th Year						
Grand Total of all the Professional BAMS/MBBS Examinations						
Any other examination						

* For determining inter-se merit, the candidate should clearly and correctly fill up the marks obtained and grand total of marks of all the BAMS/MBBS Examinations (to be verified at counseling), failing which the candidate will be put LAST in the inter-se merit.

13. (A) Sanskrit as a subject passed at the level of

i) Intermediate (10+2) Yes/No _____ ii) BAMS Yes/No _____ iii) Other Yes/No _____

(B) Biology as a subject passed at Intermediate (10+2) or equivalent level Yes/No _____

14. Details of house job / internship and other experiences as on or before 31st July, 2010:

Nature of job	Name of hospital / institution	Duration	
		From	To
Internship			
House job			
Others			

15. Permanent/Temporary Registration No.:Date: State:

16. Details of present employment, if any:

Name and full address of Employer	Post Held	Date of Joining	Date of Confirmation

DECLARATION

I declare that I have read the information brochure and the application form and that all the information furnished above by me are true. I declare that I fulfill the minimum eligibility required to appear at the entrance test. I have neither completed nor continuing Ayurveda Vachaspati [MD (Ay)]/Ayurveda Dhanwantari [MS (Ay)] course from anywhere. In case any information furnished above by me is found wrong at any time, my candidature for the examination/ selection to the course may be cancelled outright and I may be debarred permanently from the test and disciplinary action may be taken against me. I declare that I am an Indian National, have not taken part in any activity subversive of law and have not been debarred by the University / Institution for seeking admission or appearing in the test/ examinations.

Date

Place

Signature of the candidate

ONLY FOR SPONSORED CANDIDATE (TO BE FILLED IN BY THE HEAD OF THE DEPARTMENT/EMPLOYER)
ENDORSEMENT BY EMPLOYER UNDER WHOM THE CANDIDATE IS PRESENTLY WORKING

Dr. is working under me as for the last years. To the best of my knowledge the information furnished by the candidate in the application form is correct. I have no objection in his/her seeking admission to the Ayurveda Vachaspati [MD (Ay)]/Ayurveda Dhanwantari [MS (Ay)] course of the Institute of Medical Sciences, B.H.U. If he/she is admitted he/she will be relieved for three years for undergoing the course.

Date

Signature of the Employer with Designation & Seal



BANARAS HINDU UNIVERSITY
INSTITUTE OF MEDICAL SCIENCES, FACULTY OF AYURVEDA
AYURVEDA VACHASPATI [MD (Ay)]/AYURVEDA DHANWANTARI [MS (Ay)] ADMISSION TEST-2010

PROVISIONAL ADMIT CARD

(To be filled by office)

Examination Centre

Roll No.

(To be filled by the candidate in his/her own handwriting)

1. Name of the Candidate _____
(IN BLOCK LETTERS)
2. Son/Daughter of Sri _____
3. Postal Address _____
_____ City _____
District _____ State _____ Pin Code _____
Phone No./Mobile No. _____

-B- Paste recent identical photograph duly attested by the Principal of the Collage / Gazetted Officer
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4. Category under which admission is sought (Tick the category)
General SC ST PC OBC
Supernumerary: a) Sponsored b) MBBS

Note: Examination will commence on Sunday, 27th June 2010 at 9.00 AM to 11.30 AM

_____ Specimen signature of the candidate (In running handwriting)	<table border="1" style="width: 100%; height: 80px;"><tr><td style="text-align: center; vertical-align: middle;">Thumb impression of the candidate (Left thumb for Male and Right thumb for Female)</td></tr></table>	Thumb impression of the candidate (Left thumb for Male and Right thumb for Female)	_____ Signature of Coordinator
Thumb impression of the candidate (Left thumb for Male and Right thumb for Female)			

INSTRUCTIONS FOR CANDIDATE

- Candidate must bring Admit Card with his/her to secure admission to the examination hall/room.
1. Candidate must bring his/her own Black Ballpoint pen.
 2. Mark your answers on the answer sheet by blackening the circles using Black Ballpoint pen only.
 3. Calculator, Slide rule, Mobile phone, Pager are not allowed.
 4. The examination hall/room will be opened only half an hour before the commencement of the test.
 5. No candidate will be admitted to the examination hall/room after fifteen minutes of start of the test.
 6. No candidate will be allowed to leave the examination room/hall till the test is over.
 7. Candidate should not leave the room without handing over his/her question booklet and answer sheet to the invigilator.
 8. Candidate will be required to sign his/her attendance and thumb impression when directed to do so by the invigilator.
 9. Candidate who fails to observe these regulations may be disqualified and debarred from appearing in this and any subsequent examination held by the University.
 10. Candidate is required to ensure after occupying his/her seat that he/she doesn't carry any resource material on his/her person/on and around the seat. Any resource material carried by the candidate shall disqualify the candidate from the test and he/she shall not be allowed to appear in any entrance test to be conducted by BHU in future.
 11. No cross talking/consultation shall be allowed in the examination hall.
- THE ADMIT CARD IS BEING ISSUED PROVISIONALLY SUBJECT TO THE SCRUTINY OF THE ELIGIBILITY. IT IS ONLY AFTER VERIFICATION OF THE ELIGIBILITY THAT THE CANDIDATE WOULD BE CONSIDERED FOR ADMISSION. MERE APPEARING OR QUALIFYING IN THE TEST DOES NOT ENTITLE A CANDIDATE FOR SELECTION/ADMISSION.



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 AYURVEDA VACHASPATI [MD (Ay)]/AYURVEDA DHANWANTARI [MS (Ay)] ADMISSION TEST-2010

REGISTRATION CARD

(To be filled by office)

Examination Centre	Roll No.
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(To be filled by the candidate in his/her own handwriting)

1. Name of the Candidate _____
(IN BLOCK LETTERS)
2. Son/Daughter of Sri _____
3. Date of Birth: Day _____ Month _____ Year _____ Sex: Male Female
4. Postal Address _____
 _____ City _____
 District _____ State _____ Pin Code _____
 Phone No./Mobile No. _____
5. Category under which admission is sought (Tick the category)
 General SC ST PC OBC
 Supernumerary: a) Sponsored b) MBBS

-C-
 Paste Identical self
 attested
 photograph

6. To be filled at the time of applying

7. To be filled in the examination hall in presence of invigilator and not to be filled at the time of applying

Signature of the Candidate
Candidate' s Thumb impression Left thumb for Male and Right thumb for Female candidate
Signature & Seal of the Gazetted Officer attesting Signature and Thumb Impression

Signature of the Candidate
Candidate' s Thumb impression Left thumb for Male and Right thumb for Female candidate
Name and Signature of the Invigilator verifying the Signature and Photograph