

	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)]-2012 (THREE YEAR COURSE)**

Subject to the approval of Central Council of Indian Medicine, New Delhi

(For Office Use Only)

Provisionally allowed/Not allowed	Date of Receipt
Reason	Diary No. / Receipt No.

Important

- i) Last date for receipt of completed form by the office of the Director, IMS, BHU, Varanasi-221005 is **16th April 2012**.
- ii) This form contains **four** pages to be filled by the candidate.
- iii) The candidates are advised to read **information brochure** carefully before filling up this form.
- iv) The application form must be signed by the candidate wherever indicated.

1. Details of Demand Draft enclosed of Rs. 1600/- (Rs. 1000/- for SC and ST)

DD No	Date	Amount
Bank Name	Issuing Branch	Payable at

2. Category* under which admission is sought

- General SC ST OBC (Tick the category)
 Physically Challenged (PC) Institutional Candidate[#] (Tick if applicable)
 Supernumerary: Sponsored MBBS (Tick if applicable)

*SC (Schedule Cast), ST (Schedule Tribes), PC (Physically Challenged) and OBC (Other Backward Caste) candidates must attach concerned certificate/s in support along with this application form. The candidate seeking admission under OBC category must also produce non-creamy layer of OBC certificate (issued not before dated 1st February 2012 by a competent authority).

A

Paste recent identical photograph duly attested by the Principal of the College / Gazetted Officer

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 _____ Tel. No. with STD Code /Mobile _____ e-mail _____

11. Permanent Address _____

City _____ District _____ State _____

Pin _____ Tel. No. with STD Code /Mobile _____ e-mail _____

[#] Institutional Candidate means who have passed final professional BAMS examination of December 2010 from Faculty of Ayurveda, IMS, BHU and likely to complete their internship on or before 31-7-2012.

12. Details of the Examinations Passed

Name of the Examination	University/ Board	Year	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						

* 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 Professional 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 (please tick)

Intermediate (10+2) BAMS Other Not passed

(B) Biology as a subject passed at the level of (please tick)

Intermediate (10+2) or equivalent: Yes No

15. Internship (Attach internship completion certificate)

Have you completed your internship? Yes No

a) In case your internship is not complete, will it be completed by 31st July 2012? Yes No

16. Permanent/Temporary Registration No. _____ Date _____ State _____

17. Details of present employment, if any

Name and full address of the employer	Post held	Date of Joining	Date of Confirmation

DECLARATION

I declare that I have read the information brochure and application form, and all the information furnished 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 are 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 selected he/she will be relieved for three years for undergoing the course.

Date _____

Signature of the Employer with Designation & Seal _____

	BANARAS HINDU UNIVERSITY AYURVEDA VACHASPATI [MD (AY)]/ AYURVEDA DHANWANTARI [MS (AY)] ADMISSION TEST – 2012 PROVISIONAL ADMIT CARD	Roll No.

Examination Centre (To be filled by office)	
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B Paste self-signed recent passport size photograph

TO BE FILLED BY THE CANDIDATE

1. **Name of the Candidate (BLOCK LETTERS)** _____
 2. **Father's Name** _____
 3. **Postal Address** _____

- Pin Code** _____ **Phone No./Mobile No** _____

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

General SC ST OBC (Tick if applicable)
 Physically Challenged (PC) Institutional Candidate (Tick if applicable)
Supernumerary: Sponsored MBBS (Tick if applicable)

Examination Program: Wednesday, 13th June 2012, Time 9.00 AM to 11.30 AM

Specimen signature of the candidate (In running handwriting) (To be done at the time of applying)	Thumb impression of the candidate (Left thumb for Male and Right thumb for Female) (To be done at the time of applying)
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Signature of Teacher Incharge MD(Ay)/MS(Ay) Entrance Test 2012

INSTRUCTIONS FOR CANDIDATE

1. Candidate must bring Admit Card with him/her to secure admission to the examination hall/room.
2. Candidate must bring his/her own Black Ball-point pen.
3. Mark your answers on the answer sheet by blackening the circles using Black Ballpoint pen only.
4. Devices like Calculator, Slide rule, Mobile phone, Pager and other electronic gadgets etc. are not allowed in examination hall.
5. The examination hall will open only half an hour before the commencement of test.
6. No candidate will be admitted to the examination hall after fifteen minutes of the commencement of test.
7. No candidate will be allowed to leave the examination hall till the test is over.
8. Candidate should not leave the hall without handing over his/her answer sheet to the invigilator.
9. Candidate will be required to sign his/her attendance and thumb impression when directed to do so by the invigilator.
10. Candidate who fails to observe these regulations may be disqualified and debarred from appearing in this and any subsequent examination held by the University.
11. 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.
12. 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. MERELY APPEARING OR QUALIFYING IN THE TEST DOES NOT ENTITLE A CANDIDATE FOR SELECTION/ADMISSION.

PRESERVE YOUR PROVISIONAL ADMIT CARD WHICH HAS TO BE PRODUCED BEFORE ADMISSION COMMITTEE IN CASE OF YOUR SELECTION



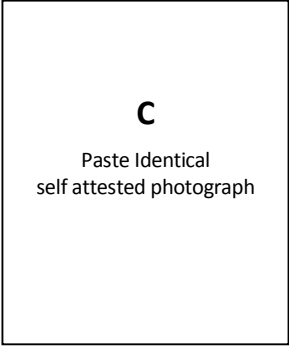
BANARAS HINDU UNIVERSITY
 AYURVEDA VACHASPATI [MD (AY)]/ AYURVEDA DHANWANTARI [MS (AY)]
 ADMISSION TEST – 2012
REGISTRATION CARD

Roll No.

Examination Center (To be filled in by the Office)

1. Full Name of the Candidate _____
2. Father's name _____
3. Date of birth Day _____ Month _____ Year _____
4. Sex (please tick) Male Female
5. Category under which admission is sought (Tick the category)
 - General SC ST OBC (Tick if applicable)
 - Physically Challenged (PC) Institutional Candidate (Tick if applicable)
 - Supernumerary: Sponsored MBBS (Tick if applicable)
6. Postal Address _____

 Pin Code _____ Phone No./Mobile No _____



7. TO BE FILLED AT THE TIME OF APPLYING

Signature of the Candidate
Thumb impression of Candidate Left thumb for Male and Right thumb for Female candidate
Signature & Seal of the Gazetted Officer who attests Signature and Thumb Impression of candidate

8. TO BE FILLED IN THE EXAMINATION HALL
 (Not to be filled at the time of applying)

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