BANARAS HINDU UNIVERSITY INSITUTE OF MEDICAL SCIENCES FACULTY OF AYURVEDA DEPARTMENT OF SANGYAHARAN

Website: www.bhu.ac./ims, email: hodsangyaharan@gmail.com

Registration of candidates for admission to the Two years P.G. Diploma Course in

	Sangyaharan-throu	gh AIAPGET2018-19
	(Two seats are approved by t	he CCIM / Deptt. of AYUSH)
AIAPGE 12018-19 Roll No.:		Passport size Photograph
Name of the appli	icant:	· S. up.
Father's Name:		
Mother's Name:		
Date of Birth:		
Permanent Addre	SS:	
Postal Address:		
Email i.d.	Mobile no).
Qualifying Degree(B.A.M.S.}:Year of passing:	
Category: UR:OBC:	SC:ST:PC	
Medical Registratio	n No.	
D/D No.	Amount	Branch