



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

Admission Notice For One Year Certificate Course On Ayurveda

Applications are invited for the admission of one year certificate course on Ayurveda conducted by Faculty of Ayurveda IMS BHU Varanasi for the academic session 2018-19. The Admission will be done on merit basis.

ELIGIBILITY

For Indian (MBBS/BAMS/BUMS/BDS degree recognized by concerned council)/Foreign Medical Graduates or all those having recognized degree in Traditional System of Medicine as per WHO guidelines i.e. Alternative Medicine and Complementary Medicine.

SEATS

The minimum number of seats available for this program is 05 (five) and maximum -25.

COURSE FEE

The course fee for One Year Certificate Course on Ayurveda programme for Indian Nationals is Rs. 50,000/- and for Foreign National is \$ 5000/- only. Other fees as per the University rule.

RESERVATION OF SEATS FOR DIFFERENT CATEGORIES: The Reservations & Weightages shall be as per University Rules. Reservations will be followed as per the Govt. of India Rules and Regulations.

REGISTRATION FEE: Rs. 1000/- in case of General and OBC category and Rs. 750/- for SC and ST category candidates to be paid through demand draft in favour of the Registrar Banaras Hindu University Varanasi.

LAST DATE FOR SUBMISSION APPLICATION FORM: The filled-in application form must be submitted in the Office of Dean, Faculty of Ayurveda, IMS, BHU, Varanasi – 221 005 **latest by 15th July 2018.**

NOTE:

Foreign Nationals may seek admission through the Ministry of External Affairs, Govt. of India, New Delhi as per the rules laid down for the purpose and their nomination must reach by 15th July, 2018. Applications of foreign nationals routed through the Government of India/Ministry of Health, Education and External Affairs under scholarship schemes; and self-financing Foreign Nationals shall be entertained for the aforesaid programmes.

DEAN
Faculty of Ayurveda
IMS BHU



BANARAS HINDU UNIVERSITY
FACULTY OF AYURVEDA, INSTITUTE OF MEDICAL SCIENCES

Application Form for Admission to One Year Certificate Course

Details of MICR Demand Draft			
Name address and code number of issuing branch	DD/BC No.	Date	Amount

1. Candidate's Name:					Passport size Photograph To be scanned and uploaded	
2. Father's Name :						
3. Mother's Name:						
4. Date of Birth :						
5. Sex:		Male	Female			
6. Category		General	SC	ST		OBC(non-creamy layer)
7. Do you belong to Physically Challenged Category			Yes	No		
8. Postal Address :						
9. Mobile No.		Phone No. (with STD code)				
10. E-mail id:						
11. Permanent Address :						
12. Mobile No.		Phone No. (with STD code)				
13. Nationality	if Indian, Indicate the name of your State:					
	if Foreigner, Indicate the name of your Country:					

14. Academic Record

Name of the Examination	Board/ University	Year of passing/ appearing	Subjects	Marks		
				obtained	Max.	%
High School or equivalent examination of 10 th level						

Intermediate or equivalent (10+2 level)						
MBBS/BAMS/BUMS/ BDS						

15. Name of the institution from where you have passed the qualifying examination:

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16. Whether any disciplinary action has been taken against you? If so, state reasons, the punishment awarded and reference of authority awarding the punishment

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DECLARATION

I hereby declare that all the particulars stated above have been filled in by me are true and no fact has been suppressed. I have read the Information Brochure and the terms and conditions given therein and satisfied myself that I fulfil all the admission eligibility requirements. In case any information furnished by me is found wrong in future, my candidature for admission shall be cancelled outright without giving me any opportunity and further that any disciplinary action be also taken against me.

Signature of the Candidate

Dated: _____

Place: _____

List of Enclosures (Educational Qualifications):

- 1.
- 2.
- 3.