

BANARAS HINDU UNIVERSITY
INSTITUTE OF MEDICAL SCIENCES
DEPARTMENT OF SHALYA TANTRA

Application Form

Affix the recent
passport size
Photograph

-Name of the Course

-Duration sought

- Name of Applicant

-Age.....Sex.....

-Address for Correspondence.....

.....

-Email ID.....

- Mobile No.....

Academic Qualification :-

Name of course	Year of Passing	Name of Board/University	Subjects	Percentage of Marks
High school				
Intermediate				
Degree				
Others				

Signature of Applicant

Note:- After filling the form send the hard copy to **Head, Department of Shalya Tantra, Faculty of Ayurveda, IMS,BHU-221005** by post & also scan soft copy on email- hod.shalya@gmail.com