

**ASSOCIATION OF MANAGEMENT OF AYURVEDIC MEDICAL
COLLEGES OF MAHARASHTRA.**

College Name : _____

Latest
Photograph

**Application for the post graduate Degree course in Ayurved
(MD/MS & Diploma) - 2018-2019**

(All the entries must be filled)

1. Incomplete applications will not be considered
2. Application must be accompanied with attested Photo copies and required certificates.

I request you to kindly consider my candidature for admission to Ist Year MD/MS Course of your institute. I am submitting herewith all the necessary details.

1. Name in Full : _____
(in capital letters beginning with surname)
2. Whether Male or Female : _____
3. Permanent Address in full : _____
: _____
: _____
4. Phone No. With STD Code : _____
5. Mobile No. : _____
6. Date of Birth : _____
7. Place of Birth : _____
8. Nationality : _____
9. Category : _____
10. Occupation of Parents : _____
11. Annual Income : _____
12. Date of Internship Completion : _____
13. Qualification Details

Examination	Name of the University	Month & Year of Passing	Total Marks Final BAMS	Total Percentage
B.A.M.S.				

Exam. Details	State Merit No.	Marks	Out of
AIA PGET-2018			

Preference(Subject wise) : _____

Signature of Student

Signature of Parents

Date

Place:

All the admissions will be done after the submission of all relevant original documents and fees of first academic year of college,. Admissions will be confirmed by the MUHS & ARA.