



PHOTO

BHARAT VIKAS SHIKSHAN SANSTHA, PUNE

CERTIFICATE COURSE FOR B.A.M.S. GRADUATES

APPLICATION FORM

FORM NO.:-

NAME OF THE SUBJECT

1. FULL NAME:-.....

(BLOCK LETTERS ONLY)

2. FATHER'S / HUSBAND'S NAME.....

3. DATE OF BIRTH:- GENDER:- MALE / FEMALE.....

4. QUALIFICATION:- YEAR OF PASSING:-.....

5. COLLEGE: -

6. UNIVERSITY:-

7. LOCAL ADDRESS: -

8. PERMANENT ADDRESS: -

9. CONTACT NO.:- LANDLINE..... MOBILE NO.:-.....

10. LOCAL GUARDIAN: - MOBILE NO.:-

| EXAMINATION | YEAR OF PASSING | INSTITUTE / UNIVERSITY | NO. OF ATTEMPTS | MARKS OBTAINED | PERCENTAGE OF MARKS |
|-------------|-----------------|------------------------|-----------------|----------------|---------------------|
| BAMS | | | | | |

DOCUMENTS TO BE ATTACHED WITH APPLICATION FORM:-

1. SCHOOL LEAVING CERTIFICATE
2. MARKLISTS OF BAMS
3. COMPLETION CERTIFICATE OF BAMS
4. MCIM REGISTRATION CERTIFICATE
5. 3 PASSPORT SIZE PHOTOGRAPHS

DECLARATION OF THE CANDIDATE:-

I HAVE READ ALL RULES AND REGULATIONS OF B.V.S.S.. I AGREE TO ABIDE THESE RULES AND REGULATIONS.

DATE:-

PLACE: -

SIGNATURE OF THE CANDIDATE