



APEX INSTITUTE OF AYURVEDIC MEDICINE & HOSPITAL

Rs. 500/-

(Run by Apex Welcare Turst)

Approved by Central Council of Indian Medicine (CCIM), New Delhi
Ministry of Ayush (Govt. of India) & Govt. of U. P. & Affiliated to Mahatma Gandhi Kashi Vidyapeeth, Varanasi.

NH-07, Varanasi-Mirzapur Road, Samaspur, Chunar, Mirzapur (U.P.)

Sr. No.

For Office Use (Sr. No. _____ Date : _____)
Regd. No. : _____
Date of Counseling : _____
Course Title : _____

Photograph

APPLICATION FORM

To be filled by the candidate's own handwriting

1. Name of the Candidate : _____
(IN BLOCK LETTERS)
2. Course applied for : _____
3. Date of Birth : _____
(As recorded in HSC Certificate)
4. Nationality : _____
5. Sex : M / F
6. Cast : Gen / OBC / SC / ST
7. Domicile : U. P. State / Other State
8. Marital Status : Married / Unmarried
9. Father's Name : _____ Mother's Name : _____
10. Father's Occupation : _____ Mother's Occupation : _____
11. Permanent Address : _____
: _____
: Mob. No. (Student) _____ Mob. No. (Father) _____
: Tel. No. (R) _____
: E-mail : _____
12. Adhar No. : _____
13. Bank Account Details : Name of A/c holder _____
Bank's Name _____ A/c No. _____
Branch Name _____ IFSC Code _____
(For Correspondence)
14. Present Address : _____
: _____
STD Code _____ Tel. No. _____
Tel. No. (R) _____ Mob. _____
E-mail : _____
15. (i) Name of the Entrance Exam : _____ Date of Exam : _____
(ii) Roll No. : _____ DOB : _____
(iii) Marks obtained : _____ Rank : _____

16. ACADEMIC DETAILS :-

Name of the Examination	Name of the School or College	Name of the Board Council University	Total Marks Obtained/ Total Marks	Total Percentage Obtained	PCB Percentage	Division
(1) High School						
(2) Intermediate						
(3)						
(4)						
(5)						

15. Documents and Certificate to be enclosed :

- | | |
|--|---|
| (a) 10th. Marksheet and Certificate | (f) Caste Certificate (If applicable) |
| (b) 10+2 (12th.) Marksheet and Certificate | (g) Gap Certificate (If applicable) |
| (c) Passport Size Photograph (04 No.) | (h) Income Certificate (If applicable) |
| (d) School Leaving Certificate (CLC / TC) | (i) Aadhar Card. |
| (e) Domicile Certificate (If Applicable) | (j) Result / Admit Card of Entrance Exam. |

I certify that all informations furnished by me in this application are true. I understand that if I am found to have furnished any false informations or with held or concealed information to get advantage, my application shall be rejected, selection and / or admission cancelled and such other action is deemed legally justified may be taken against me.

I certify that I do not suffer from mental disease and not subject to drug addiction.

I certify that I have not been prosecuted or convicted for any criminal offence involving moral turpitude.

I also declare that if I get admitted I shall abide by all rules and regulation of the Institute/CCIM/AYUSH/Govt. of U. P. imposed from time to time.

I understand that filling and submitting this admission form, is not guarantee of my admission in this Institute.

All admissions in to Apex Institute of Ayurvedic Medicine & Hospital, Chunar, Mirzapur are done through the Entrance Exam board counseling process as per the guidelines of Uttar Pradesh Government.

Signature of Applicant :

Date :

Place :

Signature of Guardian :

Date :

Place :

(Right Hand Thumb Impression of Student)

UNDERTAKING

I.....S/o / D/o / W/oAge.....
At/Po Distt..... do hereby undertake that
I have total course fee payable in Rs.....(Rs. in words.....)
which will be paid per annum instalment / semester wise. Presently I am paying Rs
(Rs.in words.....) towards course fee of BAMS
1st. Year. The subsequent instalments will be paid as per the following term periods in the form of RTGS / D.D. drawn in
favor of Apex Institute of Ayurvedic Medicine & Hospital payable at Chunar, Mirzapur.

I further undertake that if the instalment due is not paid in proper time as specified. The management may impose
late fine as decided from time to time. If the dues are till not realized I have no objection if my studentship is rejected or any
action taken thereof. Further I undertake & declare that if the course is discontinued by me for any reason, I will pay the total
amount of course fee (4 1/2 year course fee for BAMS) as mentioned above.

Date	Amount	D.D. No. & Date	Receipt No. & Date

Documents not submitted at the time of admission

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Signature of the Student

Date :

Place :

Signature of Guardian :

Date :

Place :

Signature of Admission In-charge with Date