



# ASHTAMGAM

## AYURVEDA CHIKITSALAYAM & VIDHYAPEEDHAM

VAVANOOR, KOOTTANAD, PALAKKAD DT. - 679 533

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Web : www.ashtangam.org

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### Application for admission to Ayurvedacharya (BAMS) course 2016-17

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Name of The Candidate : \_\_\_\_\_

Age & Date of Birth : \_\_\_\_\_ Sex \_\_\_\_\_

Name of Mother : \_\_\_\_\_

Occupation of Mother : \_\_\_\_\_

Name of Father : \_\_\_\_\_

Occupation of Father : \_\_\_\_\_

Postal Address with Pin code : \_\_\_\_\_

  

Mobile Number of Parent : Mother \_\_\_\_\_  
Father \_\_\_\_\_

Email Address : \_\_\_\_\_

Academic Qualifications

Stream Of Plus 2 : State Syllabus  
CBSE  
ICSE

Marks /Score/Points Achieved : Total  
Biology  
Physics  
Chemistry

Name Of The School :

Year Of Passing Plus 2 :

Details Of Any Family Tradition Of Ayurveda :

Details Of Previous Sanskrit  
Learning Of The Candidate :

Extracurricular Activities Prizes/Achievements :

Details Of Application Fee Remitted : Amount  
DD No.  
Bank Details

Details Of Documents Submitted :

1

2

3

### **Declaration by the applicant**

I .....hereby declare that the details furnished above are factual to the best of my knowledge; and if selected I admit to enroll myself as a student at Ashtamgam Ayurveda Chikitsalayam and Vidyapeedham for Ayurvedacharya (Bachelor of Ayurvedic Medicine and Surgery) course complying fully with the rules and regulations as put forth by the institute from time to time all throughout my study period.

Name and signature

Date

Place

### **Declaration by the parent**

I....., parent/guardian of .....hereby declare that I am willing to present my ward as an applicant for the admissions to the Ayurvedacharya (Bachelor of Ayurvedic Medicine and Surgery) course at Ashtamgam Ayurveda Chikitsalayam and Vidyapeedham for the year 2016-17 and in the event of getting selection, I endorse to be responsible for his/her commitments of all sort with the institute all throughout his/her study period.

Name and signature

Date

Place

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### **Office Use**

DetailsApplication No. :

Details checked by :

Fee remittance confirmed by :

Action taken :