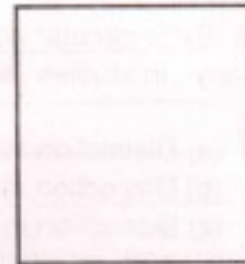


Application of Enrollment

1. Name of Institution _____

(Where the candidate sought or seeking admission)

2. Academic session of the year of admission _____



3. Name in Full _____ son /daughter of _____

In full block capital letters as per University/school board records

4. (A) Married Name (if any) _____

In full block capital letters as per University/school board records

5. Father's Name _____

In full block capital letters as per University/school board records

6. (a) Date of Birth _____

According to Christian era

(b) Age _____ Years _____ Months _____ days

As on before 31st December of the year of admission to the first year of D. Pharmacy
course

(c) Male/Female _____

(d) Married/Unmarried _____

7. Place of birth with complete postal address _____

8. Address

(a) Permanent Home Address _____

(b) Permanent Postal Address _____

9. Nationality _____

10. Domicile state showing complete address _____

11. Mark of identification _____

12. whether the student belongs to _____

(i) Scheduled Castes/Tribes Yes/No _____

(ii) Backward Class/Area Yes/No _____

And furnish the detail, if so, _____

Mention the Caste / Tribe duly _____

Supported by documentary evidence _____

References of two reliable responsible (1) _____
persons / officers not related to the _____
candidate by blood regarding _____
his good conduct (attach certificate also) (2) _____

14. Extra circular activities / achievements _____
if any , in studies , sports, or other activities _____

- (a) Distinction in studies _____
(b) Distinction in sports _____
(c) Distinction in cultural activities _____
(Attach additional sheets , if any needed)

15. Annual income of father/ Husband/ guardian _____

16. Additional information (if any) _____

17. Enrolment fee of Rs. _____ has been paid for Rupees by BD/IPO/MO/Cash
Receipt No. _____ dated _____

18. Details of academic qualifications and above: -

S. No.	Details of academic qualifications acquired	Subject passed	Name of the school/board/ university/ council	Max Marks	Marks obtained	%age of m marks	Roll no.	Year
1	Matric equivalent	Science						

Declaration

(i) I hereby declare that the information given in the above form is true and correct to the best of my knowledge and that nothing is false nor has been held back or kept concealed.

(ii) I will be held responsible for the authenticity of My Matriculation Certificate. If any discrepancy found I will be responsible for that

(iii) I have read the detail of the syllabus, courses of studies and the duration of course of studies etc as prescribed by faculty / government. I promise to abide by the same .

(iv) During My D. Pharmacy (Up.Vaid) Course, I Will not appear in any other Course.

Signature of the candidate

Date: _____

Place: _____

Note:

(1) Attach photostat attested copies from a gazetted officer of all testimonials

19. whether you have ever been disqualified or expelled on account of misbehavior/ misconduct or any other reason by a university / school board class / examinations ,if so , give detail and also furnish documentary evidence in support thereof.

Details of information

year _____ (Annual / Supply) _____

Roll no. _____

Examination _____

Nature of punishment awarded _____

Name of university / School board _____

19. Recommendations of the college principal concerned.

(i) Certified that Mr. /Miss/Mrs. _____ s/o,w/o,d/o
Sh _____ resident fo _____ has been
interviewed for his /her admission for 2 year diploma in ayurvedic pharmacy (Upvaid)
course for the academic session 200_-200_.

(ii) Certified that on the basis of information supplied by the candidate and as stated above
he/she is fit candidate for the admission of the course.

(iii) certified that he/she has required qualifications for admission to the course.

(iv) certified that the candidate has been admitted to the collage for the course on
provisional basis subject to the final approval of his/her candidature by the faculty and the
issue of the inolment number.

I recommend the name of the candidate for enrollment as student of diploma in Ayurvedic
pharmacy (Upvaid) to the member Secretary , Punjab State Faculty of Ayurvedic & Unani
Medicine, Punjab Chandigarh.

Signature of the Principal
(With official seal)

Date _____

Place _____

(For official use only)

Diary no. _____ Date _____

Details of payment of enrolment

(Fee vide B.D/I.P.O./M.O./cash receipt) No. _____ Date _____

Amount _____

Check list

- | | |
|-------------------------------------|--------|
| 1. Fee | yes/no |
| 2. Certificate attached | yes/no |
| 3. Photograph attached | yes/no |
| 4. Whether disqualified | yes/no |
| 5. Recommendations of the principal | yes/no |

Recommendations of the office:-

(i) The candidate is fit for admission to D. Pharmacy course. He/She may be enrolled as a candidate for the said course for the session 200_

or

(ii) The candidate is not a fit person for admission to the course. His/Her admission the course cannot be approved due to

(a) Under age _____

(b) Qualifications _____

(c) _____

(d) _____

The enrolment certificate can be issued/ not issued

Dealing Assistant/
Clerk

Cashier

Accountant

Superintendent

ORDERS THE MEMBER SECRETARY

Member Secretary

ਪੰਜਾਬ ਸਟੇਟ ਫਕੈਲਟੀ ਆਫ ਆਯੂਰਵੈਦਿਕ/ ਯੂਨਾਨੀ ਸਿਸਟਮ ਆਫ ਮੈਡੀਸਨ,
ਸਰਕਾਰੀ ਆਯੂਰਵੈਦਿਕ ਕਾਲਜ, ਚੰਡੀਗੜ੍ਹ

(FACULTY COPY)

ਰਜਿਸਟਰੇਸ਼ਨ ਕਾਰਡ

REGISTRATION CARD



ਲੜੀ ਨੰ:

ਰਜਿਸਟਰੇਸ਼ਨ ਨੰ: ਪੀ.ਐਸ.ਐਫ.ਏ.ਯੂ.ਐਸ.ਐਮ./_____

ਵਿਦਿਆਰਥੀ ਦਾ ਨਾਮ _____ ਪਿਤਾ ਦਾ ਨਾਂ _____

Name of Student _____ Father's Name _____

Date of Birth _____ Mother's Name _____

ਜਨਮ ਮਿਤੀ ਸਥਾਈ ਪਤਾ _____

Residential Address _____

with Mobile Number _____

Student Signature _____

ਪਟਿਆਲਾ

ਮਿਤੀ

ਮੈਂਬਰ ਸਕੱਤਰ

ਪੰਜਾਬ ਸਟੇਟ ਫਕੈਲਟੀ ਆਫ ਆਯੂਰਵੈਦਿਕ/ ਯੂਨਾਨੀ ਸਿਸਟਮ ਆਫ ਮੈਡੀਸਨ,
ਸਰਕਾਰੀ ਆਯੂਰਵੈਦਿਕ ਕਾਲਜ, ਚੰਡੀਗੜ੍ਹ

(FACULTY COPY)

ਰਜਿਸਟਰੇਸ਼ਨ ਕਾਰਡ

REGISTRATION CARD



ਲੜੀ ਨੰ:

ਰਜਿਸਟਰੇਸ਼ਨ ਨੰ: ਪੀ.ਐਸ.ਐਫ.ਏ.ਯੂ.ਐਸ.ਐਮ./_____

ਵਿਦਿਆਰਥੀ ਦਾ ਨਾਮ _____ ਪਿਤਾ ਦਾ ਨਾਂ _____

Name of Student _____ Father's Name _____

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ਜਨਮ ਮਿਤੀ ਸਥਾਈ ਪਤਾ _____

Residential Address _____

with Mobile Number _____

Student Signature _____

ਪਟਿਆਲਾ

ਮਿਤੀ

ਮੈਂਬਰ ਸਕੱਤਰ