

# PUNJAB STATE FACULTY OF AYURVEDIC AND UNANI SYSTEMS OF

MEDICINES, CHANDIGARH

SCO 170, Sector 38 C&D, Chandigarh

Sr.No. \_\_\_\_\_ with Registration No. \_\_\_\_\_

1. Applicant's Full Name \_\_\_\_\_
2. Father's name \_\_\_\_\_
3. Mother's Name \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Male/Female \_\_\_\_\_
6. Nationality \_\_\_\_\_
7. Postal address of Residence \_\_\_\_\_  
With Contact Phone No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. State Single/Married \_\_\_\_\_
9. I took my diploma in Pharmacy of Ayurvedic Medicine as Internship training in the \_\_\_\_\_ (Name of the Hospital/School and Place) for a period of \_\_\_\_\_ (Month/Year), I Joined from \_\_\_\_\_ 201 to \_\_\_\_\_ 201 and completed internship training and passed the qualifying examination of D. Pharmacy 1st year and Second Year held in the month of \_\_\_\_\_ 201 under Roll No. \_\_\_\_\_ with Faculty Enrolment No. \_\_\_\_\_. Whether first attempt or Supplementary to complete the qualifying examination with obtained marks \_\_\_\_\_ out of 600.
10. During internship training course have you taken any leave/absent? If yes, then specified (in details) How many days leave taken.  
\_\_\_\_\_  
\_\_\_\_\_
11. Name and address of the Principal of the institution whose certificate is appended to for moral character 1)  
2)
12. I hereby declare that I know of no circumstances reflecting my character or professional conduct, which could render me ineligible for acceptance of the Member Secretary.

( With official seal)

Signature of the Principal

(For Official Use only)

**MEMBER SECRETARY**

**PUNJAB STATE FACULTY OF AYURVEDIC AND UNANI SYSTEMS  
OF MEDICINES, CHANDIGARH**  
SCO 170, Sector 38 C&D, Chandigarh

To,

The Member Secretary,  
Punjab State Faculty of Ayurvedic and Unani  
System of Medicines

Subject: Application form for Diploma in Pharmacy of Ayurvedic Medicines Second  
Year Final Examination in the year 20 . (Internship Training Course-  
20 )

Sir,

I request you goodself that my name be registered under the Punjab State Faculty of Ayurvedic and Unani Systems of Medicine, Chandigarh. For the Same, I wish to Furnish relevant information in the prescribed form, as I have completed my Diploma in Pharmacy of Ayurvedic Medicine Final Examination in the year 20 - and I Have already enrolled in your Faculty Office through College(i.e) The Principal

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2. The Necessary information for the registration is specified on the reverse.
  3. The certificate of the Principal/Tutor of my Internship training and moral character is given on the reverse.
  4. Certificate of the internship training or registration certificate from \_\_\_\_\_ is forwarded to you with a photostat copy for your file.
  5. The registration fee of Rs, 1000.00 (Rupees One Hundred Only) per student.
  6. Cost of Application form of Rs. 150.00 (Rupees One Hundred Fifty ) Per student.

**Important Note :**

- a. One unattested passport size photo on the Registration Certificate Under the seal and signatures of the Member Secretary and one attested photo may be attached with the form for pasting the same duly attested by the Principal of the College.
- b. Candidate who has taken final examination of the Punjab State Faculty of Ayurvedic and Unani System of Medicine, Chandigarh should be mention Roll No. and date of passing his/her Diploma in Pharmacy of Ayurvedic medicine examination in the prescribed form.
- c. The Internship training certificate of the applicant for registration may be in the form of a letter signed by the competent authority of his/her training institution, It must be stated that the internship training has been satisfactorily completed.
- d. Photocopy of the Mark Sheets for 1st & 2nd year duly attested by the Principal of the college be submitted alongwith application form.
- e. Application form to be filled by the candidate in his/her own legible hand without any overwriting.
- f. Incomplete application/unclear handwriting and photocopy of the necessary documents, If not produced then application form will not be Considered, the same will be returned back to the candidate.
- g. (All information shall be written in BLOCK CAPITAL LETTERS)

Signature of Applicant