

ASHWINI EDUCATIONAL ASSOCIATION • AYURVEDIC MEDICAL COLLEGE AND P.G CENTRE

*AFFILIATED TO RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE; *RECOGNISED BY CENTRAL COUNCIL OF INDIAN MEDICINE (CCIM), NEW DELHI; *BY DEPT.OF 'AYUSH' & MINISTRY OF HEALTH & FAMILY WELFARE, GOVT. OF INDIA

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YOUTUBE-Ashwini Ayurvedic Medical College and P.G Centre, Davangere



M.D-KAYACHIKITSA (MEDICINE) / M.S-SHALYA TANTRA (SURGERY) APPLICATION

STUDENT NAME (IN BLOCK LETTERS): _____

DATE OF BIRTH (dd/mm/yyyy): ____/____/____ AGE: ____ MALE FEMALE

RELIGION: _____ CASTE: _____ CATEGORY: _____

MOBILE NO.: _____ E-MAIL: _____

PERMANENT ADDRESS:

LOCAL ADDRESS:

FATHER NAME: _____ MOBILE NO.: _____

MOTHER NAME: _____ MOBILE NO.: _____

P.G SUBJECT:

M.D-KAYACHIKITSA (MEDICINE)

M.S-SHALYA TANTRA (SURGERY)

	BOARD OF EXAMINATION	MAX. MARKS	MARKS/% SCORED	
SSLC/ 10 th STD				
II PUC / 12 th STD			PHYSICS	
			CHEMISTRY	
			BIOLOGY	
			P, C, B TOTAL	
			ENGLISH	
BAMS			1 st YEAR	
			2 nd YEAR	
			3 rd YEAR	
			4 th YEAR	

AIAPGET	MARKS	ALL INDIA RANK

Check list of documents to be enclosed : (TICK IN THE BOX)

1. S.S.L.C./10th MARKS CARD showing date of birth– Original & 2 Xerox copies
2. 2nd PUC/ 12th MARKS CARD– Original & 2 Xerox copies
3. AIAPGET Hall Ticket and Result Sheet- Original & 2 Xerox copies
4. BAMS All Year's MARKS CARD- Original & 2 Xerox copies
5. BAMS DEGREE CERTIFICATE
6. REGISTRATION CERTIFICATE
7. Recent 6 Passport Size and 6 Stamp Size Photographs
8. Aadhar Card copy
9. Eligibility Certificate from RGUHS (For Non-Karnataka Students)
10. Demand Draft towards Registration fee]
 Rs..... dt. Bank.....DD/ NEFT/RTGS/CASH

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

SEND FILLED APPLICATION TO-----WhatsApp  : +91-8660945571 & 8792046530

Email: aamcdvg@gmail.com