



UTTARAKHAND AYURVED UNIVERSITY

EXAMINATION FORM

(SESSIONAL/BACK/MAIN EXAM)

NAME OF INSTITUTE -----

Batch-----

Course- BAMS/BHMS/BUMS/MD/MS/BNYS

Year - Ist IInd IIIrd final year

Number of Chance:-

Roll Number-----

Affix
Photograph duly attested
by Principal/Director of
the Institute from which
he/she doing course

1. Name: _____

DOB-----

2. Father's Name: _____ Mobile No-.....

DECLARAITON BY CANDIDATE:-

I hereby declare that the information given above has been filled by me and are correct to the best of my knowledge and belief.

Signature of Candidate

Certificate By director/Principal

This is to certify that the information filled in is correct as per the original records available in the college/Institute. The said candidate has 75 percent or more attendance. And is eligible for the examination as per the rules of NCISM/NCH.

Signature of Director/Principal of Institute/college

Date

Seal:

ADMIT CARD (SESSIONAL/BACK/MAIN EXAM)

Name of Institute -----

Batch-----Year-----

Name of Student-----

Roll Number-----

Date Of Birth-----

Subject in Which Student Appearing-

1----- 2----- 3-----

4----- 5----- 6-----

Affix
Photograph duly attested
by Principal/Director of
the Institute from which
he/she doing course

Sig of Student Sig of Principal

Sig Registrar (UAU)