



उत्तराखण्ड आयुर्वेद विश्वविद्यालय

(राज्य सरकार का स्वायत्तशासी निकाय, विश्वविद्यालय अनुदान अधिनियम, 1956 की धारा 2(एफ) के अन्तर्गत मान्यता प्राप्त; भारतीय विश्वविद्यालय संघ (ए.आई.यू.) की सदस्यता प्राप्त)

कार्यालय परिसर निदेशक, गुरुकुल परिसर, हरिद्वार-249404 (उत्तराखण्ड)

दूरभाष / फ़ैक्स : 01334-668723, Email: stateayurvediccollegehardwar@gmail.com

पत्रांक:- 1092

/उ.आ.वि.गु.का./ शुल्क / 2025-26

दिनांक:- 04 अगस्त, 2025

Fee Structure for BAMS course for Academic Session 2025-26

For All India Quota & State Quota

(Batch :- 2025)

Sr. No.	Particulars	(First Prof.) AIQ & State Quota
1	Admission fee (only at admission time)	5,000
2	Enrollment/Registration fee (one time only)	2,000
3	Caution Money (Refundable)	7,000
4	Tuition/Education fee (Each Prof.)	72,000
5	Exam fee (Each Prof.)	10,000
6	Smart/Identy Card (one time only)	200
7	Development fee (Each Prof.)	1,100
8	Sports fee (Each Prof.)	700
9	Student Welfare fund (one time only)	1,000
10	Alumni fee (one time only)	1,000
TOTAL		1,00,000

Note:-

- 1- The applicable fee should be deposited in single Demand Draft to be issued in favour of the **"Finance Officer Uttarakhand Ayurved University, Harrawala Dehradun"** fee a/c payable at Dehradun or through using the University Payment Gateway by visiting the portal of UAU link (<https://www.uau.ac.in>) **PAY FEE.**
- 2- No other mode of payment will be accepted.
- 3- Admission fee and security fee is submitted only of the time of admission.
- 4- Caution Money is refundable at the time of completion of course.
- 5- New Admission will be valid only if the college fee is deposited at the time of admission.
- 6- Rs. 15,000/- Hostel Fee for each year, if hostel is allotted depends on the availability of rooms.

(Prof. (Dr.) *Sanjay Prasad* GIRRAJ PRASAD GARG)

Campus Director

CAMPUS DIRECTOR
UTTARAKHAND AYURVED UNIVERSITY
GURUKUL CAMPUS, HARIDWAR



उत्तराखण्ड आयुर्वेद विश्वविद्यालय

(राज्य सरकार का स्वायत्तशासी निकाय, विश्वविद्यालय अनुदान अधिनियम, 1956 की धारा 2(एफ) के अन्तर्गत मान्यता प्राप्त; भारतीय विश्वविद्यालय संघ (ए.आई.यू.) की सदस्यता प्राप्त)

कार्यालय परिसर निदेशक, गुरुकुल परिसर, हरिद्वार-249404 (उत्तराखण्ड)

दूरभाष/फैक्स : 01334-240503, Email: stateayurvediccollegehardwar@gmail.com

पत्रांक-1093

/उ.आ.वि.गु.का./शुल्क/2025-26

दिनांक:-04 अगस्त, 2025

Fee Structure for BAMS course for Academic Session 2025-26 For All India Quota & State Quota (Batch :-2025)

S.N.	Particulars	(I st Prof.)	(II nd Prof.)	(III rd Prof.)
1	Admission fee (only at admission time)	5,000	-	-
2	Enrollment/Registration fee (only one time i.e I st Prof.)	2,000	-	-
3	Caution Money (Refundable) after course completion	7,000	-	-
4	Tuition/Education fee (Per Professional)	72,000	72,000	72,000
5	Exam fee (Per Professional)	10,000	10,000	10,000
6	Smart/Identy Card (one time only)	200	-	-
7	Development fee (Per Prof.)	1,100	1,300	2,300
8	Sports fee (Per Professional)	700	7,00	7,00
9	Student Welfare fund (one time only)	1,000	-	-
10	Alumni fee (one time only)	1,000	-	-
TOTAL		1,00,000	84,000	85,000

भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग, नई-दिल्ली के द्वारा जारी अधिसूचना दिनांक 16 फरवरी, 2022 के अनुसार BAMS पाठ्यक्रम की अवधि 05 वर्ष और 06 माह को (प्रथम व्यवसायिक 18 माह, द्वितीय व्यवसायिक 18 माह एवं तृतीय व्यवसायिक 18 माह) किये जाने के दृष्टिगत प्रभारी कुलसचिव, उत्तराखण्ड आयुर्वेद विश्वविद्यालय, हरिद्वार, देहरादून के पत्र संख्या-1413/उ.आ.वि./सम्बद्धता/शुल्कआदेश/2023-24, दिनांक 23.08.2023 के द्वारा पूर्व बैच एवं अग्रिम बैचों का नवीन (बैच-2025) के छात्र-छात्राओं का नवीन शिक्षण शुल्क का निर्धारण उक्तानुसार किया गया है।

2- उक्त आदेश प्रभारी कुलसचिव के पत्र संख्या-1413, दिनांक 23.08.2023 के अनुपालन में बैच-2025 (शैक्षणिक सत्र 2025-26) में समस्त नवप्रेशित बी.ए.एम.एस., स्नातक पाठ्यक्रम के छात्र-छात्राओं का शुल्क उक्त वर्णित तालिकानुसार निर्धारित किया जाता है।

Note:-Rs. 15,000.00 Hostel fees-every year (if Hostel is allotted)

8du
04/8/25
(Prof. (Dr.) Girraj Prasad Garg)
Campus Director
CAMPUS DIRECTOR
UTTARAKHAND AYURVED UNIVERSITY
GURUKUL CAMPUS, HARIDWAR

UTTARAKHAND AYURVED UNIVERSITY, GURUKUL CAMPUS, HARIDWAR**Verification Committee for BAMS (UG) Admission session 2025-26 (Batch 2025)****All India Quota & State Quota Counseling**

परिसर निदेशक, उत्तराखण्ड आयुर्वेद विश्वविद्यालय, गुरुकुल परिसर, हरिद्वार के आदेश
संख्या-1540-49/उ.आ.वि.गु.का./अधि./2025-26, दिनांक 06 सितम्बर, 2025 के अनुसार गठित
समिति

Name of Student		Father's Name	
Mother's Name		Quota (AIQ/State)	
Category		Round 1st, 2nd, 3rd/Mop-Up/Stray	
AIQ/State Rank		NEET Roll No.	
Allotted Category		Sub-Category	
Aadhar number		Contact No.	
Email-id		Father's Ph. No.	
Current address		Complete Permanent address	

Candidates are required to produce following self-attested documents at the time of admission along with the three sets and also original documents for verification.-

- ❖ High School (10th) Certificate for Age proof.
- ❖ Intermediate (10+2) Mark sheet & Passing Certificate.
- ❖ Character Certificate (by last institute attended)
- ❖ Leaving certificate or Transfer certificate (original)
- ❖ Migration Certificate (original)
- ❖ NEET Admit Card (issued by NEET)
- ❖ NEET-2025 Result/Rank letter (issued by NEET)
- ❖ Provisional Seat Allotment Letter (issued by counseling authority). UAUC U.G./AACCC 2025-26
- ❖ Certificate of Reserve category, if applicable (SC, ST, OBC, EWS).
- ❖ Certificate of Sub-category, if applicable (for Domicile/permanent resident of Uttarakhand only).
- ❖ DPW/Dependent of FF/PWD(PH) category certificate issued by competent authority of Uttarakhand state only, if applicable.
- ❖ Certificate required for ward of Kashmiri Migrants, if applicable.
- ❖ Domicile Certificate (for Uttarakhand domicile candidates only).
- ❖ Valid ID Proof (Aadhar Card/Passport/Driving License, etc.)
- ❖ Affidavit of Gap (if applicable)
- ❖ Affidavit of Anti-Ragging (Mandatory)
- ❖ Affidavit of All documents submitted by the student is true and valid from the side of Parents
- ❖ Medical Fitness Certificate. (Hospital of relevant college)
- ❖ Color passport size photographs (Twelve).
- ❖ Ten envelopes (mentioned the complete address & Paste tickets)
- ❖ Hepatitis B-Certificate. And Covid-19 Certificate.
- ❖ **Fee (Rs. 1,00,000) is deposited online of website <https://www.uau.ac.in/> or single demand draft.**

Dated :-

Verification Status :-

(Prof. Meena Rani) Professor/Chairman	(Dr. Punita Pandey) Asso. Prof/Member	(Dr. Sunil Kumar Gupta) Asso. Professor/Member
(Dr. Ram Kumar Gautam) Asso. Professor/Member	(Dr. Shikha Pandey) Asst. Prof/Member	(Dr. Aditi) Asst. Prof/Member
(Dr. Vipin Kumar) Asst. Prof./Member	(Prof. (Dr.) G. P. Garg) Campus Director	

AFFIDAVIT BY PARENT/GUARDIAN

1. Mr./Mrs./Ms. _____
father/mother/guardian of _____ have been admitted
to _____
_____ have received a copy of the UGC Regulations on Curbing the
Menace of Ragging in Higher Educational Institutions, 2009. (Hereinafter called the
"Regulations") carefully read and fully understood the provisions contained in the
said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what
constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am
fully aware of the penal and administrative action that is liable to be taken against
ward in case he/she is found guilty of or abetting ragging, actively or passively, or
being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that:
 - (a) My ward will not indulge in any behavior or act that may be constituted as
ragging under clause 3 of the Regulations.
 - (b) My ward will not participate in or abet or propagate through any act of
commission omission that may be constituted as ragging under clause 3 of the
Regulations.
5. I hereby affirm that, if found guilty ragging, my ward is liable for punishment
according to clause 9.1 of the Regulations, without prejudice to any other criminal
action that may be taken against my ward under any penal law or any law for the
time being in force.
6. I hereby declare that my ward has not been expelled debarred from admission in any
institution in the country on account of being found guilty of, abetting or being part
of a conspiracy to promote, ragging, and further affirm that, in case the declaration is
found to be untrue, the admission of my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year

Signature of Department -----

Name -----

Address-----

Telephone/Mobile No. _____

VERIFICATION

Verify that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on this the _____ of _____

Signature of the

Deponent Solemnly affirmed and signed in my presence on this the

_____ of _____
after reading the contents of this affidavit.

OATH COMMISSIONER

AFFIDAVIT BY THE STUDENT FOR NON PARTICIPATION IN RAGGING

1. I _____ son/daughter/ward _____ of Mr./Mrs./Ms. _____ having been admitted to _____ have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
1. I hereby solemnly aver and undertake that:
 - (a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - (b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
2. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
3. I hereby declare that I have not been expelled or debarred from admission any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of

Deponent Name _____

VERIFICATION

Verify that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on this the _____ of _____

Signature of the

Deponent Solemnly affirmed and signed in my presence on this the _____ of _____

after reading the contents of this affidavit.

OATH COMMISSIONER

शपथ पत्र

समक्ष : – परिसर निदेशक,
उत्तराखण्ड आयुर्वेद विश्वविद्यालय,
गुरुकुल परिसर, हरिद्वार-249404।

शपथपत्र नीट: – पुत्र श्री
निवासी : नीट अनुमक्रमांक.....।

मैं शपथपूर्वक निम्नलिखित बयान करता हूँ।

1. यह कि मेरा उपरोक्त नाम व पता सब सही है।
2. यह कि शपथकर्ता वर्ष में कक्षा-12 उत्तीर्ण की थी।
3. यह कि वर्ष के बाद से अब तक मैंने किसी भी मान्यता प्राप्त अथवा गैर मान्यता विद्यालय में प्रवेश नहीं लिया है बल्कि घर पर ही रहकर कौम्पटिशन की तैयार करता/करती रहा/रही हूँ, जिसके कारण शपथकर्ता को वर्ष का विलम्ब हो गया।

शपथकर्ता

उपरोक्त शपथ-पत्र का पैरा 1 से 4 मेरे निजी ज्ञान व विश्वास में सब सत्य व सही है ना ही इसमें कोई झूठ बोला गया है ना ही इसमें किसी तथ्य को छिपाया गया है, ईश्वर साक्षी रह कर मेरी मदद करें।

शपथकर्ता

शपथ पत्र

समक्ष : — परिसर निदेशक,
उत्तराखण्ड आयुर्वेद विश्वविद्यालय,
गुरुकुल परिसर, हरिद्वार-249404।

शपथपत्र नीट: — पुत्र श्री
निवासी : नीट अनुक्रमांक.....।

मैं शपथपूर्वक निम्नलिखित बयान करता हूँ।

1. यह कि मेरा उपरोक्त नाम व पता सब सही है।
2. यह कि शपथकर्ता ने.....द्वारा चयन उपरान्त.....
(पाठ्यक्रम) में उत्तराखण्ड आयुर्वेद विश्वविद्यालय, गुरुकुल परिसर, हरिद्वार
(पूर्व में राजकीय आयुर्वेदिक कॉलेज एवं चिकित्सालय, गुरुकुल कांगड़ी,
उत्तराखण्ड, हरिद्वार) में प्रवेश हेतु उपस्थित हूँ।
3. यह कि मेरे द्वारा जो भी शैक्षणिक योग्यता एवं अन्य प्रमाण पत्र प्रवेश हेतु
सत्यापित प्रतियाँ प्रस्तुत की जा रही है व सभी मेरे निजी ज्ञानकारी में सत्य
एवं सही है। मेरे द्वारा प्रवेश हेतु प्रस्तुत किये गये हर मूल प्रमाण पत्र सही है
कोई भी प्रस्तुत दस्तावेज फर्जी नहीं है। यदि मेरे द्वारा कोई भी प्रस्तुत प्रमाण
पत्र फर्जी पाया जाता है, तो मेरे विरुद्ध होने वाली शासकीय कार्यवाही मुझे
मान्य होगी।
4. मैं अपनी कक्षाओं की उपस्थिति 75 प्रतिशत से अधिक रखूँगा/रखूँगी।
5. मैं उत्तराखण्ड आयुर्वेद विश्वविद्यालय, गुरुकुल परिसर, हरिद्वार (पूर्व में
राजकीय आयुर्वेदिक कॉलेज एवं चिकित्सालय, गुरुकुल कांगड़ी, उत्तराखण्ड,
हरिद्वार) के सभी नियमों का पालन करूँगा/करूँगी एवं महाविद्यालय में
अनुशासन बनाये रखूँगा/रखूँगी।
6. मैं किसी भी प्रकार के आंदोलन, हड़ताल आदि या उत्तराखण्ड आयुर्वेद
विश्वविद्यालय के खिलाफ ऐसी किसी भी गतिविधियों में भाग नहीं
लूँगा/लूँगी।
7. मुझे यह भली भाँति ज्ञात है कि प्रथम व्यावसायिक में ही सीट त्याग करने की
अनुमति प्रदान की जायेगी। द्वितीय एवं तृतीय व्यावसायिक में प्रवेश होने पर
सीट त्याग करने की अनुमति प्रदान नहीं किया जायेगा। सीट त्याग करने की
दशा में सम्बन्धित वर्ष का शुल्क किसी भी दशा में वापिस नहीं किया जायेगा।

शपथकर्ता

दिनांक:—