



**Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved  
University, Karwar, Jodhpur**  
**Advertisement for**  
**Admission in Ph.D (Ayurved) Courses 2020-21**

General Information:						
Name:		Father Name:				
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		E-mail:				
Aadhaar No.:		Mobile No.:		Date Of Birth:		
Domicile:			Category:			
Correspondence Address:						
Address:						
City/District:		State:		Pincode:		
Permanent Address:						
Address:						
City/District:		State:		Pincode:		
Whether Passed CCRAS's Ayushnet: Yes <input type="checkbox"/> No <input type="checkbox"/>						
S.No	CONCERNED SUBJECT	PASSING YEAR	MAXIMUM MARKS	OBTAINED MARKS	VALIDITY MONTH/YEAR	
Education Qualification:						
S.NO.	CLASS/YEAR	BOARD / UNIVERSITY NAME	PASSING YEAR	MAXIMUM MARKS	OBTAINED MARKS	PERCENTAGE
1.	10th					
2.	12th					

3.	BAMS Ist Year					
4.	BAMS IInd Year					
5.	BAMS IIIrd Year					
6.	BAMS IVth Year					
7.	BAMS Vth Year					

#### M.D Qualification:

S.NO.	CLASS / YEAR	BOARD / UNIVERSITY NAME	ADMISSION YEAR	PASSING YEAR	Maximum MARKS	OBTAINED MARKS

#### BAMS Internship:

Start Date Of Internship:

End Date Of Internship :

#### Medical Registration Information:

Name of Registration Board:

Registration No. :

Registration Date:

Registration Valid Till Date

#### Experience:

Whether Candidate is in regular Ayurved Teaching Service presently in Rajasthan: Yes  No

S.NO.	NAME OF INSTITUTION	DESIGNATION	DEPARTMENT NAME	FROM DATE	TO DATE
1.					
2.					
3.					
4.					
5.					

SIGNATURE:

PHOTO:

1. **Note \* Kindly Attached one set of self attested photocopy of following documents (These documents will be verified with original documents at the time of interview): -**

- A. 10 th Marksheet(Showing date of birth)
- B. 12 th Marksheet
- C. BAMS All Years Marksheets
- D. Internship Certificate
- E. BAMS Degree
- F. Marksheet of MD First & Final Year
- G. Provisional MD Ayu. Certificate
- H. Caste/Category Certificate(If applicable)
- I. Registration Certificate

2. **Application fees details:-**

- A. DD No.: .....
- B. Issuing Date: .....
- C. Bank & Branch Name: .....
- D. Amount of DD: .....

**Postal Address**

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.....  
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**Signature of Candidate**

**Date**

**Place**